

EXPLORER POST 1275

ADULT LEADER OPERATIONS MANUAL
SEPTEMBER 2004

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NASA Goddard Space Flight Center
Code 680
Greenbelt, Maryland 20771

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PREFACE

To the adult leaders and parents of the youth members of the Scouting units sponsored by the Goddard Explorer Club:

The Goddard Explorer Club was started in December 1975 to sponsor one or more Scouting units at the Goddard Space Flight Center. The Goddard Explorer Club is a group of volunteer civil servants and contractors who work at NASA.

For years, we only sponsored a special-interest science and engineering post so we could expose tomorrow's leaders to the technical careers in science and engineering, teach young adults leadership skills, and have fun. When Venturing began 1998, we decided to also embrace this program and also register a Venturing Crew at Goddard. We work with both programs to provide a better set of achievement and program opportunities for the young adults in our post and crew. A youth or adult member may join to either or both programs.

Exploring is an open program, oriented around career exposure, and is part of the Learning for Life subsidiary of the Boy Scouts of America (BSA). Learning for Life is a character and career development program from K-12 within schools and the workplace. Young adults are enrolled in this program as participants. Adult leaders are held to commonly acceptable business ethic standards. Our Club is a participating organization in Learning for Life.

Venturing is the registered, teenage, coed program of the Boy Scouts of America and upholds the religious and ethic standards of that organization. Young adults are registered members of the Boy Scouts of America. Adult leaders are held to the standards of the BSA. Our Club is a chartered organization in the BSA.

This document, for simplicity, sets our operating rules in terms used in the Learning for Life program. The BSA program has identical operating rules; the only basic difference is that the forms have the BSA logo rather than the Learning for Life logo. For instance, the *Safety First Guidelines* publication in Learning for Life is called the *Guide to Safe Scouting* in the traditional BSA program. This approach eliminates duplicating every form.



POST OPERATIONS

1.0 Introduction

This manual covers the operating procedures for Explorer post(s) sponsored by the Goddard Explorer Club at the Goddard Space Flight Center. It includes the governing constitution of the Goddard Explorer Club along with the bylaws of the Explorer post and the post committee. Additionally, it covers the other procedures to be used in operation of the post(s).

2.0 Rules and Regulations

The Explorer post shall be operated in accordance of all applicable regulations of the United States Government and the Learning for Life subsidiary of the Boy Scouts of America. The United States Government laws and regulations shall take precedence.

Agreements have been made with the cognizant officers of the Goddard Space Flight Center governing how the post is to operate on the Center. They are detailed in the sections below.

2.1 Use of NASA Facilities and Equipment

By agreement with the Center Director and the Director of Administration, in December 1975 when the Explorer post was formed, and again in 1996, the following key elements shall govern the post's operation:

- No funds for operation shall be provided by the government. The post shall be responsible for financing its own activities.
- No employees will be detailed to work with the post. The Goddard Explorer Club will be responsible for recruiting adult volunteers to work with the post.
- Permission is granted to use facilities and equipment on the Center with approval of the local civil servant manager of the facility or equipment. Such use shall be on a non-conflicting basis with the operations of the Center.

This policy has been implemented as follows:

- No government owned equipment will be loaned to any Explorer for use offsite at any time as part of the Exploring program.
- In the particular instance of computer use, any account to be used by the Explorers must not have access from outside the Center without pre approved accounts.
- All facilities (laboratories, meeting rooms, equipment, etc.) used by the Explorers is cleared by the local civil servant manager prior to use.
- Funding for normal post program operations is raised by the youth and maintained in an account for this purpose. Expenditures from this account require approval of both the post members and the adult advisors (see post bylaws in Appendix D). Individual accounts may be setup for each Explorer or Advisor.

2.2 Access to Center for Explorers

By agreement with the head of the Security Branch in January 1976, updated in August 1980, and reconfirmed in September 1985, the Explorers (youth) and non-badged adults associated with the post shall be granted access to the Center under the following procedures:

- All Explorers and non-badged adults shall present a photo ID and sign in at the gatehouse as a visitors each time they are meeting on the Center until they receive their student badge, issued by the Educational Programs Office. The photo ID must be issued by the Federal, state, or county government. Examples of acceptable forms of ID are: U.S. Passport, Drivers License, a state-issued ID card, or a student ID from the school that the member attends.
- Once the member receives their student badge, they may proceed directly the meeting on the Center without signing in by showing the security officer a photo ID and their student badge. The student badge must be worn at all times while on the Center. All members shall carry a photo ID at all times while on the Center.
- A valid drivers license and current registration is required to drive on the Center. Vehicles may be subject to a search at the discretion of the gatehouse. All members are expected to fully cooperate if a search of their vehicle is requested.
- A current Explorer membership roster shall be provided to the security office with a copy for the gatehouse regularly.
- The Goddard Explorer Club shall provide a list of meetings, locations, dates, and times for all Explorer post activities on the Center to the security office regularly.
- The Explorers will be escorted by civil servant and other adult leaders while they are on the Center at all times.
- The Explorers and adults involved with the post shall follow the security rules and regulations of the Center.

2.3 Public Relations

By agreement with the Public Relations Officer in December 1975, the post shall:

- Whenever possible, show their support of NASA in a positive way.
- The post adult leaders shall notify the Public Relations Office when public relations opportunities may arise with the post activities.

2.4 Constitution and Bylaws

The following constitution, bylaws, and polices govern the operations of Explorer Post 1275:

- Constitution and bylaws of the Goddard Explorer Club (Appendix B)
- Bylaws and policies of the Explorer Post Committee (Appendix C)
- Bylaws and policies of the Explorer post, as developed by the youth members and approved by the Goddard Explorer Club (Appendix D)

2.5 Insurance

When the Explorer post was initially chartered in January 1976, the Goddard Explorer Club required that the post carry accident insurance for each Explorer in the post. In December 1983 at the request of the adult leaders, the

Goddard Explorer Club agreed to add the adult leaders associated with the post to this accident coverage. The cost of this insurance is included in the membership fee for the individual Explorers and adult leaders.

The policy used is a group policy through the Boy Scouts of America. A copy of the insurance coverage information is included in Appendix E of this document.

The Goddard Explorer Club and the adult leaders involved in the Exploring program are covered by Comprehensive General and Non-Owned Automobile Liability insurance which is carried by the National Capital Area Council, Boy Scouts of America. The coverage and limits of liability are indicated in the certificate of insurance included in Appendix E of this document. The cost of this policy is borne by the local council of the Boy Scouts of America and a \$20 rechartering fee paid by each sponsor.

Both of these policies require that the activities of the post be in accordance with the policies of Learning for Life. In addition, each policy covers both youth and adults meeting with the post for recruiting purposes or activity operations whether or not they are enrolled members of Learning for Life.

2.6 Applicable Boy Scouts of America Policies

The policies that govern Exploring operations may be found in the Learning for Life (LFL) publications *Exploring Adult Leader Guide* and the *Safety First Guidelines*. In several instances the Goddard Explorer Club requires more stringent operations (these instances are noted following the LFL/BSA policy).

The following policies apply to the operation of the Explorer post(s) at Goddard:

- **Alcohol.** The use of alcoholic beverages by Explorers, leaders or guests at any Explorer function is prohibited.
- **Cave Exploring.** Posts that include spelunking in their program must be under the leadership of a responsible adult who is qualified through training and experience in cave exploring and knows established practices of safety, conservation, and courtesy to cave owners.
- **Coed Overnight Activities.** The National Learning for Life Committee has established the following policy:

The post Advisor must give careful consideration to the number of adults necessary to provide appropriate leadership for both male and female participants. The number of adult leaders required by the hosting facility or organization must be provided.

1. Adult leaders must be 21 years of age or older and be approved by the post Advisor (on behalf of the chartered organization).
2. Separate housing must be provided for both male and female participants.
3. An adult male leader must be housed with and be responsible for the male participants. An adult female leader must be housed with and be responsible for the female participants.
4. Written parent or guardian approval is required for each Explorer or guest under 21 years of age.

The Goddard Explorer Club and the Explorer post adult and youth officers have developed a parental permission slip which must be signed by the Explorers parent or guardian giving permission for their child or ward to participate in the activity. In addition, this form also includes permission to have their child or ward treated by qualified medical personnel in the event of an accident. A copy of the Parents Permission Slip may be found in Appendix E of this document.

- **Drug Abuse.** The illegal use or possession of drugs or hallucinogens by Explorers, adults, or guests is prohibited at any Explorer function.
- **Firearms.** All training and shooting must be supervised by an NRA certified instructor or a certified instructor of a local, state, or federal agency. Use of handguns is limited to Explorers who must complete a basic handgun marksmanship safety course prior to range firing.
- **Hazardous Activities.** Post programs should include proper safety and fitness training prior to involvement in activities such as shooting, rock climbing, water skiing, etc. Explorers should not be involved in projects or activities with potential hazards without proper training, equipment, knowledge of safety procedures, and supervision of qualified adults.

The Goddard Explorer Club policy is to recruit qualified adults as consultants for all activities.

- **Illegal Activities.** Explorer leaders or participating organizations may not involve Explorers in projects or activities which may be in violation of local, state, or federal laws.
- **Money Earning Projects.** Posts planning money earning projects must complete, in advance, a Unit Money Earning Application. The proposed project must be consistent with the purposes and policies of Learning for Life as follows:
 1. Post committee and chartered organization approval is required.
 2. The projects must not involve any form of gambling and must comply with local laws and permits.
 3. Purchasers must receive fair value from the project, service, or function.
 4. The project should not compete unfairly with local businesses or individuals needing work.
 5. The project must protect the name of Exploring and the Boy Scouts of America, preventing any misuse or desire for endorsement by promoters.
 6. Any contracts, orders, or legal agreements must be signed by post leaders without reference to Learning for Life and in no way binding to the local or National Councils of the Boy Scouts of America.
 7. A post or ship may not solicit public donations for its treasury.

A copy of the Unit Money Earning Application is included in Appendix E of this document.

Because of the legality of using Government property for fundraising purposes, the Goddard Explorer Club requires that all fundraising activities be conducted off-Center and not use government facilities or equipment in any fashion, unless permission is granted by the Center Director.

- **Membership Policy.** It is Learning for Life's official position that its youth and adult membership shall be open to all without regard to race, religious, or ethnic background.
- **Outdoor Living.** Proper health and safety procedures must be followed during campouts. In particular, use of liquid fuel for cooking and light must be supervised by adults following any local BSA council guidelines. No open flames are allowed in or near tents.
- **Parachuting or Hang Gliding.** The use of sport parachutes, hang gliders, ultralights, or similar devices is not approved as an Explorer activity.

- **Political Involvement.** The post should include activities which provide understanding of America's government and political process. Explorers may not be involved in any activity which might imply LFL endorsement of a political candidate or issue.
- **Registration.** Organizations using the LFL program must renew their post participation each year. Each post member and adult leader must also enroll each year. New adults and Explorers can enroll during the year by paying a quarterly pro-rated fee until the post's participation expiration date.

The costs for participation in the Goddard Explorer Post is \$25/year. This fee breaks down as follows: Registration \$17.00, Accident Insurance \$2.00, and post dues \$4.00. The adult fee is \$25/year.

- **Skin and Scuba Diving.** Skin diving is approved as an Explorer activity when proper masks, fins, and snorkels are used. Scuba diving instruction with breathing tanks, is approved only for Explorers and only under supervision of a certified instructor using YMCA, NAUI, or PADI standards and courses of instruction. Group dive sessions shall be restricted to certified scuba divers under the supervision of a certified dive master, assistant instructor, or instructor certified by the YMCA, PADI or NAUI. Student divers must be under the supervision of an instructor certified by YMCA, PADI, or NAUI.

It is the policy of the Goddard Explorer Club and the adult leaders of the Explorer post to have certified instructors on all activities that require special equipment and training.

- **Activity Permits.** A Local Outing Permit must be filed for a trip of less than 500 miles and a National Outing Permit must be filed for a trip of 500 miles or more or one which travels into foreign countries. Guidelines for activities requiring extensive travel are found in the *Safety First Guidelines*. A copy of each outing permit is included in Appendix E of this document.

The Boy Scouts of America Activity Permits allow drivers of 18 years of age to drive on Exploring activities. The Goddard Explorer Club requires that all drivers be 21 years of age or older. The only exceptions permitted are those approved by the post Advisor in charge of the trip. An adult must ride the same vehicle if an Explorer is driving on an activity.

2.6.1 Youth Protection

The Boy Scouts of America and Learning for Life have adopted a number of policies that ensure that preconditions for child sexual abuse are not present within Scouting.

Leadership

The Boy Scouts of America takes great pride in the quality of our adult leadership. The quality of the program and the safety of our youth members require that selection of a leader be taken seriously, and we work closely with our chartered organizations to help recruit the best possible leadership for their units. The adult leader application requests background information that should be checked by the unit committee or chartered organization before accepting the applicant for unit leadership. We also can convey the message that the Scouting program is a hostile environment for individuals who want to abuse children. Unit leader selection committees should notify the Scout Executive anytime that they turn down an applicant due to questionable conduct discovered through their background check. In this way, the individual can be prevented from becoming involved in other Scouting activities.

Creating External Barriers

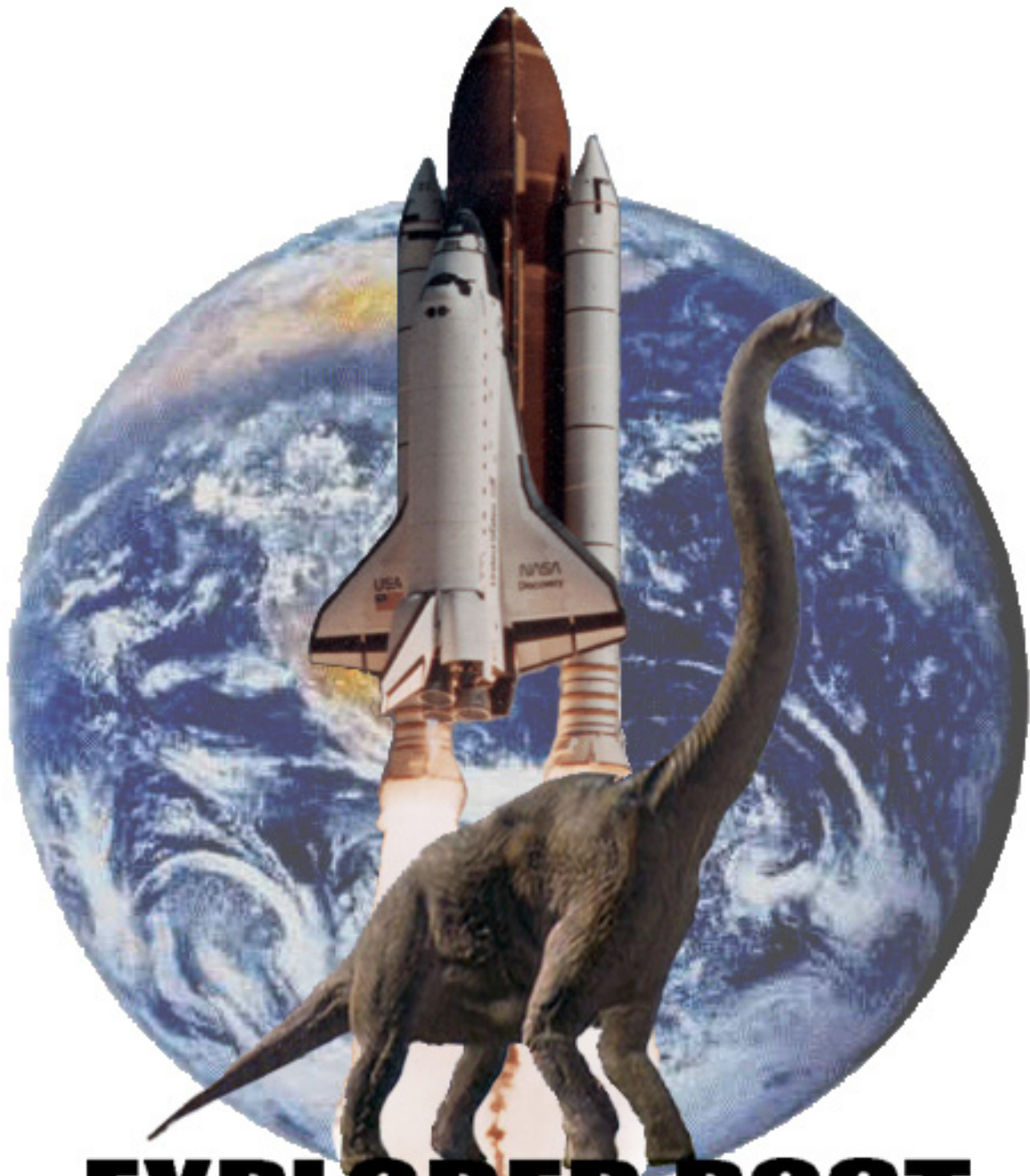
The following policies have been adopted to provide additional security for youths in the program. In addition, they serve to protect the adult leadership from situations in which they are vulnerable to allegations of abuse.

- **Two-deep leadership.** Two registered adult leaders or one registered leader and a parent of a participant, one of whom must be 21 years of age or older, are required on all trips and outings.
- **No one-on-one contact.** One-on-one contact between adults and youth members is not permitted. In the case of personal conferences, meetings are to be conducted in view of adults and youths.
- **Respect of privacy.** Adult leadership needs to respect the privacy of youth members in situations such as changing into swimming suits or taking showers at camp. Leaders also need to protect their own privacy in similar situations.
- **Separate accommodations.** When camping, no youth is permitted to sleep in the tent of an adult other than his own parent or guardian.
- **Proper preparation for high-adventure activities.** Activities with elements of risk should never be undertaken without proper preparation, equipment, clothing, supervision, and safety measures.
- **No secret organizations.** There are no “secret” organizations recognized by the BSA. All aspects of the Scouting program are open to observation by parents and leaders.
- **Appropriate attire.** Proper clothing for activities is required—for example, skinny dipping is not appropriate as part of Scouting.
- **Constructive discipline.** Discipline used in Scouting should be constructive and reflect Scouting values. Corporal punishment is never permitted.
- **Hazing prohibited.** Physical hazing and initiations are prohibited and may not be included as part of any Scouting activity.
- **Officer training and supervision.** Adult leaders must monitor and guide the leadership techniques used by youth leaders and see that BSA policies are followed.

Adherence to these policies not only enhances the protection of our membership, but ensures that the basic values of Scouting are preserved. Local councils are prepared to assist units in implementing these policies: for example, sharing leadership between units if two-deep leadership for campouts is a problem. All these policies are designed to create barriers to abuse within the Scouting program.

Parental Involvement

Parents participate in the protection of their children in several ways. In Scouting, parents are encouraged to accept leadership responsibilities, participate in outings and camping trips, and be willing to assist with unit activities. All parents receive important information concerning Scouting as part of their son or daughter’s application form. This information is provided so that the parent can detect any deviation from the BSA’s program and call it to the attention of the chartered organization or local council.



EXPLORER POST 1275

APPENDIX A

GLOSSARY

APPENDIX A

GLOSSARY

Boy Scouts of America. National organization that provides techniques and program support for the development of youth in America. This organization provides training, insurance, and other program support to its chartered organizations.

Explorer. A youth member of the Explorer post who participates in the technical and other activities of the Explorer post. Youth participation in the Goddard Explorer post(s) is limited to registered members.

Explorer Post. The Learning for Life participating unit through which the technical and youth development program is run under the auspices of the Goddard Explorer Club (Sponsoring Institution).

Explorer Post Committee. Adult committee consisting of Goddard Explorer Club members, parents of Explorers and other interested adults that support the program of the Explorer post.

Explorer Post Officers. Youth officers are elected by the youth members of the Explorer post and control the overall post program planning and execution. The Adult officers are appointed by the Explorer Post committee and approved by the Goddard Explorer Club to ensure that proper guidance is provided to the youth involved in the program. All of these officers are registered members of the Boy Scouts of America.

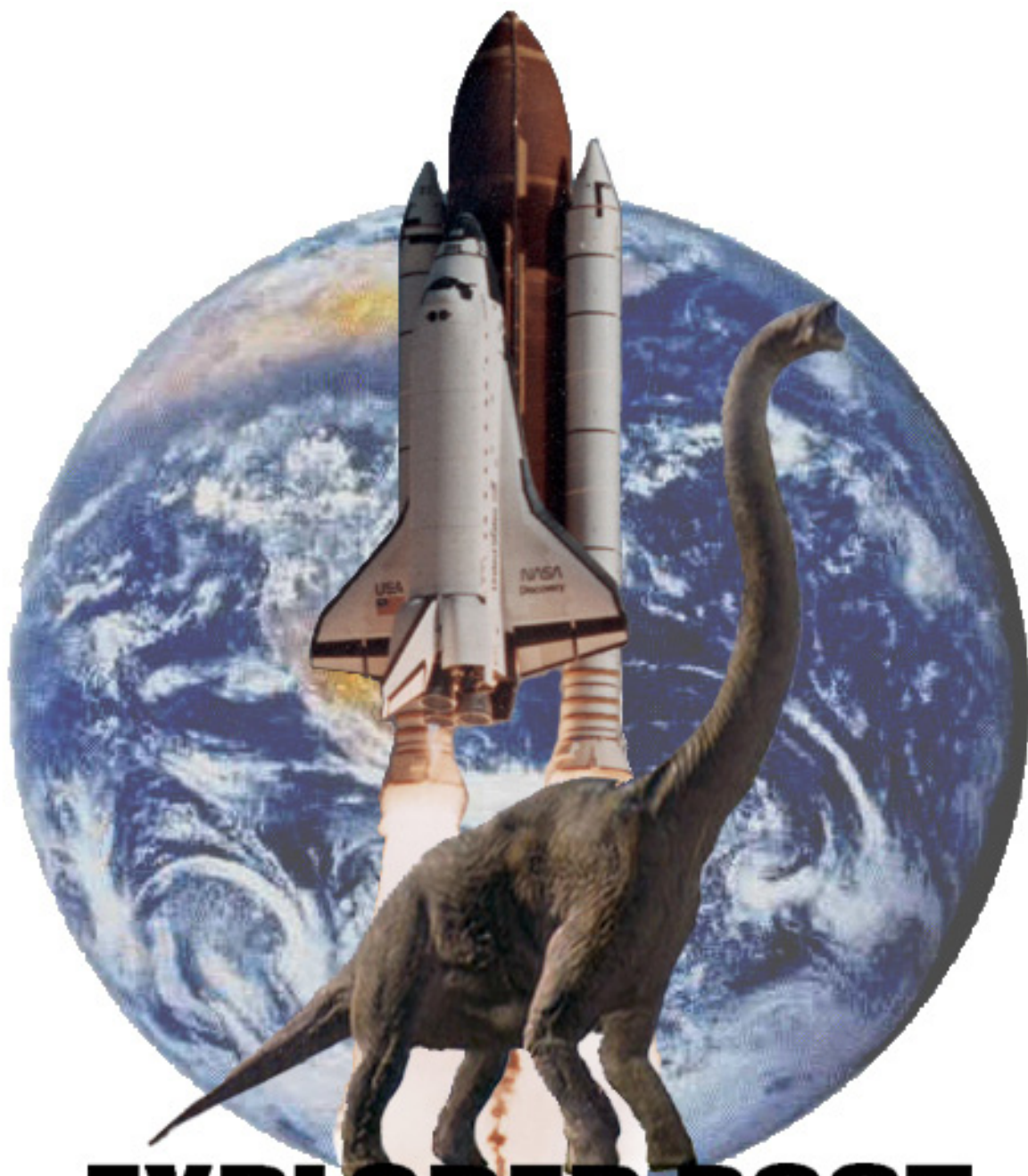
Goddard Explorer Club. A club chartered under the Goddard Employees Welfare Association (GEWA). The purpose of this club is to sponsor the Explorer post(s) and to ensure that adequate adult leadership is provided to the Explorers. The Goddard Explorer Club was started at the request of the Goddard Space Flight Center management to provide a technical and activity program for the youth of the community in association with the Boy Scouts of America.

Learning for Life. A subsidiary of the Boy Scouts of America that provides an in-school and career program from K-12 and a special needs program. These programs are school-based. Career-oriented Explorer posts are work-based and found in the business community.

Venturer Crew. The Boy Scouts of America chartered unit through which the technical and youth development program is run under the auspices of the Goddard Explorer Club (Sponsoring Institution).

Exploring

A Program for Career Education



EXPLORER POST 1275

APPENDIX B
THE GODDARD EXPLORER CLUB

APPENDIX B

GODDARD EXPLORER CLUB CONSTITUTION

Article I—Name

The name of this organization shall be the Goddard Explorer Club.

Article II —Purpose

The purpose of this organization shall be to sponsor an Explorer post(s), which is sanctioned with the Learning for Life (LFL) division, National Capital Area Council of the Boy Scouts of America (BSA). This GEWA organization will bring young people voluntarily into association with adults in activities related to their common interests and help young people find their present and future roles as individuals in society and in the world of work. No part of the income of this group shall serve to benefit of any of its members or any private individual, except for providing instructional services and related supplies.

Article III—Membership

Goddard Space Flight Center employees, contract employees, and family members shall be admitted to membership in this group and will be governed in accordance with its bylaws.

Article IV—Officers and Trustees

The officers of this organization shall consist of a Chairman, Vice-Chairman, Secretary, Treasurer, and Advisor(s). The officers shall serve without remuneration.

Article V—Amendments

Section 1. Except as otherwise specifically provided herein, this Constitution may be amended by a two-thirds vote in a duly assembled meeting, a quorum being present, providing that notice of the proposed amendment has been given at the preceding meeting.

Section 2. No amendment of this Constitution that would require reorganization or dissolution shall be made except by a three-fourths vote in a duly assembled meeting, a quorum being present, and providing that written notice of the proposed amendment was duly mailed, thirty days prior to such meeting, to each member.

Approved by Goddard Explorer Club

November 1975

Amended August 1, 1998

GODDARD EXPLORER CLUB BYLAWS

Article I—Membership

Application for membership may be written or oral form and presented to any officer of the Club. Membership will become effective upon payment of the current year's enrollment fees in the Learning for Life program.

A two-thirds vote of the members at any meeting of the Club where a quorum is present will be required to remove a member for cause. Any resolution to remove a member for cause must be made by an officer of the Club, after conducting an investigation and establishing the validity of the charges made against the member. Once a membership has been terminated for cause, it can be reinstated only by a majority vote of the entire membership.

Article II—Dues

There are no membership fees or dues. It will be recommended that all Club members maintain active enrollment as adult leaders in the Learning for Life program of the Boy Scouts of America (BSA). Only paid-up members may vote in the yearly elections in June.

Article III—Voting

A quorum shall exist when at least 50 percent of the voting members, including one officer, are present. A quorum must be present at any meeting of the organization at which officers are elected or a vote is taken committing it to any proposal or action.

Article IV—Amendments

These bylaws may be amended by a two-thirds vote of the membership providing that written notice of the proposed amendment had been distributed to the membership thirty days in advance of the voting.

Article V—Executive Committee

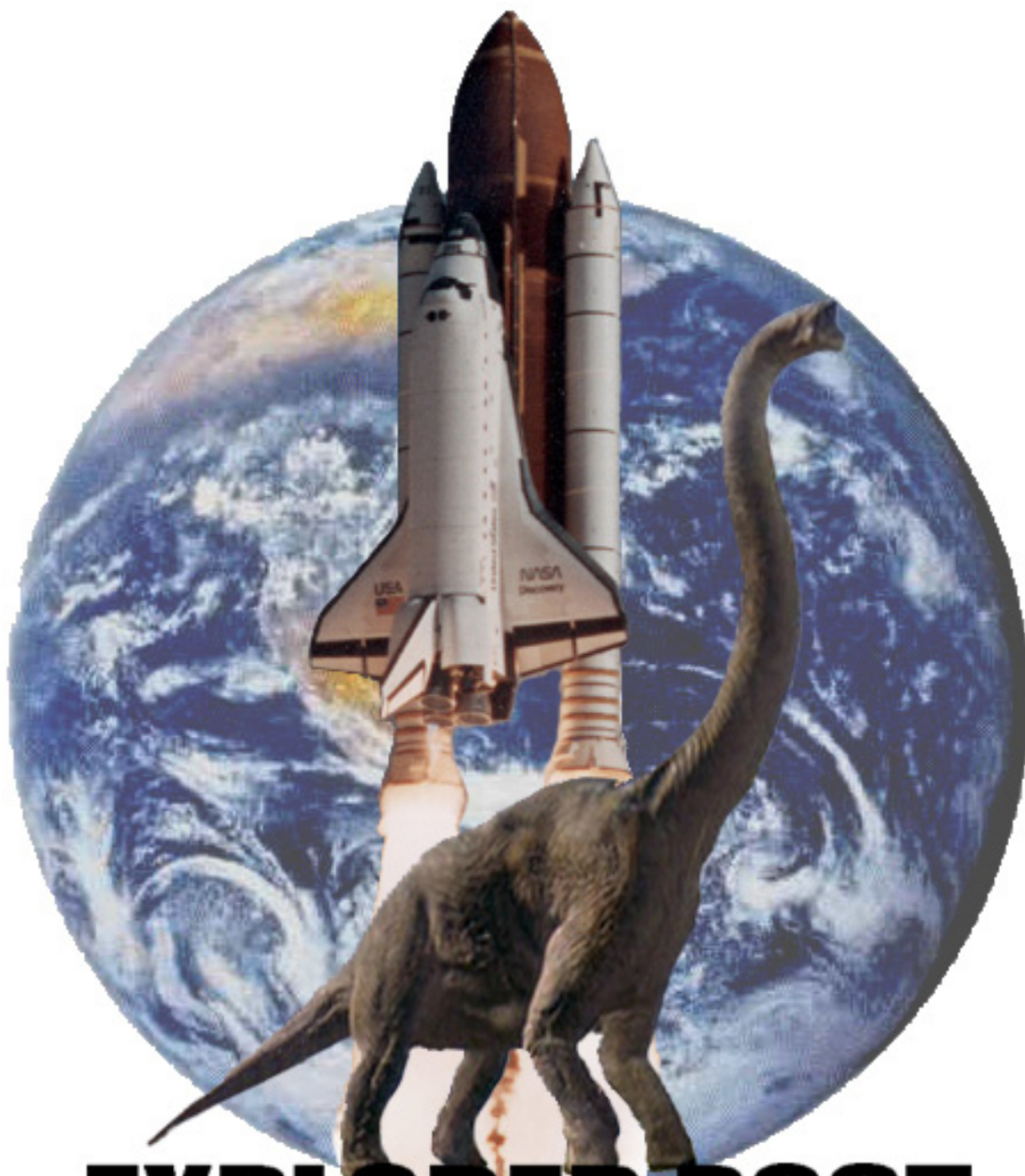
The Executive Committee, comprised of the Chairman, Vice-Chairman, Secretary, and Treasurer, will be elected by the membership, will serve yearly terms, and will have the following general duties:

1. Establish policies and procedures for effective operation of the post
2. Ensure that all Government and GEWA regulations are adhered to
3. Designate the Institutional Representative
4. Establish and supervise a Post Committee to oversee the day-to-day operation of the post
5. Appoint the post Advisor

Approved by Goddard Explorer Club

April 20, 1979

Amended August 1, 1998



EXPLORER POST 1275

APPENDIX C
THE POST COMMITTEE

APPENDIX C

GODDARD SPACE FLIGHT CENTER EXPLORER POST COMMITTEE BYLAWS

NOTE: All references to members, officers, elections, etc., concern the Post Committee only (rather than the Explorer Club or the Explorer post) unless otherwise stated.

Article I—Purpose

The Post Committee (PC) consists of adults interested in the Goddard Space Flight Center (GSFC) Exploring program. The PC establishes policies and is responsible for overseeing the day-to-day activities of the post. It is responsible to the Club Executive Committee.

Article II—Membership

1. **Eligibility.** Any GSFC Explorer Club Member or other adult interested in Exploring is eligible for the Post Committee.
2. **Removal.** A two-thirds vote of the members at any meeting of the Post Committee where a quorum is present will be required to remove a member for cause. Any resolution to remove a member for cause must be made by an officer of the Post Committee, after conducting an investigation and establishing the validity of the charges made against the member. Once a membership has been terminated for cause, it can be reinstated only by a majority vote of the entire membership.

Article III—Registration

All PC members are required to maintain current enrollment in the Learning for Life subsidiary of the BSA.

Article IV—Voting

A quorum shall exist when at least 50 percent of the active members, including one officer, are present. A quorum must be present at any meeting of the organization at which officers are elected or a vote is taken committing it to any proposal or action. A current list of active members shall be kept by the PC Secretary.

Article V—Amendments

These bylaws may be amended by a two-thirds vote of the membership providing that written notice of the proposed amendment has been distributed to the membership thirty days in advance of the voting.

Article VI—Post Management Team

The Post Management Team (PMT) consists of a Chairman, Vice-Chairman, Secretary, Treasurer, and Post Advisor. Members of the Executive committee may serve simultaneously as members of the PMT, if so elected. The Post Advisor is appointed by the Club Executive Committee. Other members of the PMT are elected by the Post Committee and serve yearly terms. The PMT shall guide the operation of the post meeting between regular PC meetings.

1. Chairman

- a. The Chairman, at his option, shall preside at all meetings of the PC, PMT meetings, and special meetings.
- b. The Chairman shall be responsible for the affairs of the Post Committee and, with the assistance of the PMT, shall execute and administer the policies of the PC.
- c. The Chairman, with approval of the PMT, shall appoint a replacement for each elected officer who vacates his office prior to the end of his term.

2. Vice Chairman

- a. The Vice Chairman shall fill in for the Chairman in his/her absence.
- b. The Vice Chairman shall be responsible for handling PMT support for the Explorer post(s) program.

3. Secretary

- a. The Secretary shall maintain all records and correspondence of the post committee.

4. Treasurer

- a. The Treasurer shall collect and disburse funds of the post committee and shall mentor the elected Explorer Treasurer.

5. Post Advisor

- a. The Post Advisor is responsible for the day-to-day control of the Explorer Post (youth) operations.
- b. The Post Advisor is responsible for keeping the PMT informed of the needs of the post.
- c. The Post Advisor is responsible to see that the post operate safely and follows rules and regulations.

Article VII—Meetings

Membership Meetings

Regular membership meetings will be held at least once a month to conduct the general business of the PC.

PMT meetings

The PMT shall meet when necessary at a mutually agreeable place, date, and time.

Special Meetings

The Chairman, with the approval of the PMT, may call a special meeting of the PC. If practical notice of the meeting, including the purpose for it, shall be sent to individual members at least 10 days prior to the date of the meeting.

Advisors Meetings

Regular advisors meetings, chaired by the post Advisor, shall be held at least once a month to ensure that full support is given to all post activities.

Article VIII—Elections

The following officers of the PC shall be elected by the membership: Chairman, Vice Chairman, Secretary, and Treasurer

A nominating committee of a least two persons shall be appointed by the Chairman, and approved by the membership. The nominating committee shall provide a list of willing candidates to the Secretary at least 14 days prior to the election.

A candidate may run in advance for only one office in a given election. During elections, a candidate defeated for one office may be nominated from the floor for another office.

All members, including incumbents, are eligible to run for any office.

Approved by Goddard Explorer Club

April 20, 1979

Amended July 15, 1985

Amended August 1, 1998



V E N T U R I N G • B S A

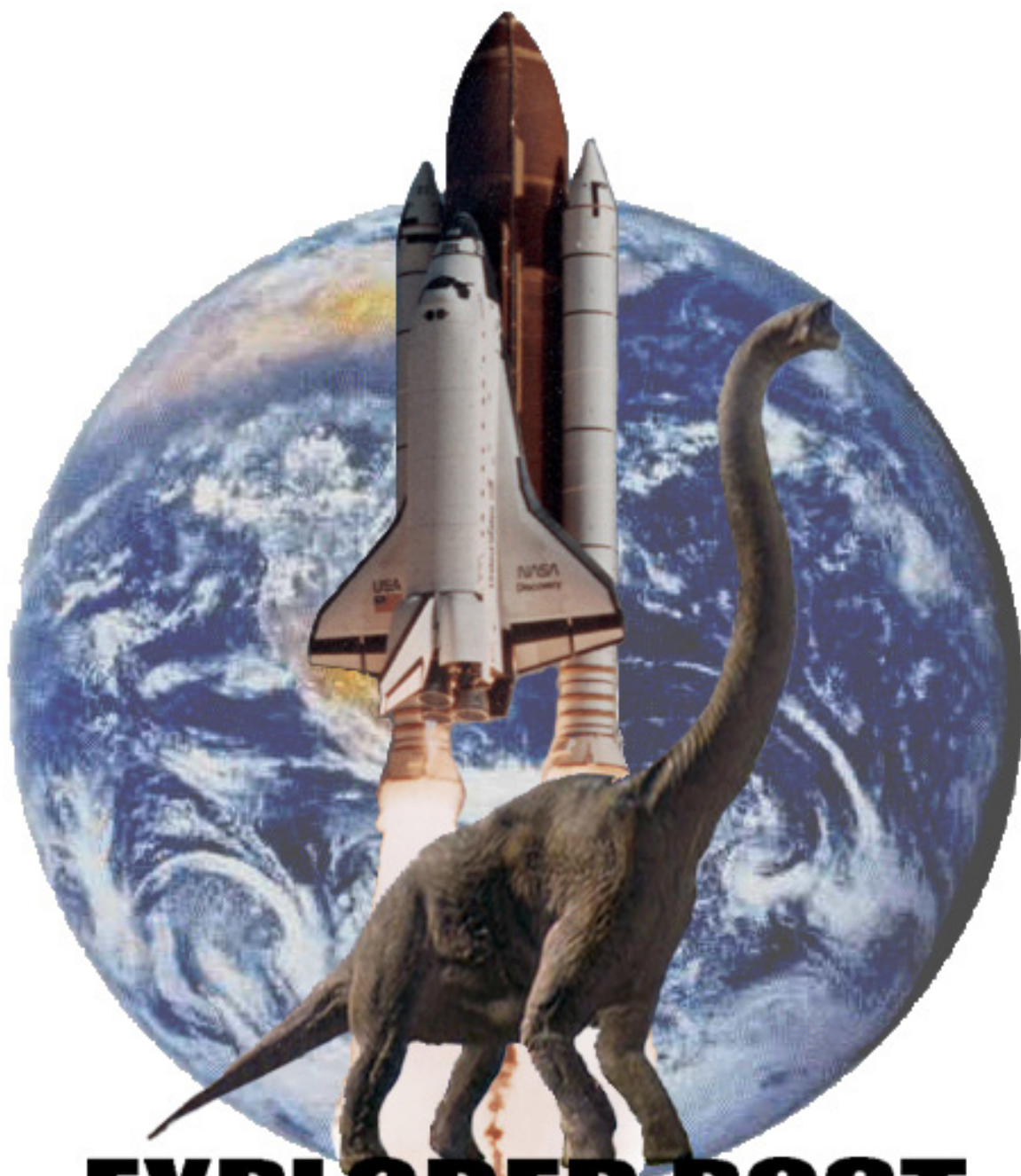
POST COMMITTEE POLICIES

1. Yearly terms of office begin on July 1 (Club year).
2. Elections of officers are held in early June.
3. The nominating committee should try to obtain 2 candidates for each office.
4. Voting may be by secret ballot.
5. A PC calendar shall be drawn up prior to October and updated monthly.
6. Regular meetings of the PC should be held after hours to permit participation by associates.
7. The purpose of the regular monthly meeting is to keep everyone informed and pinpoint problem areas. The solution of problems should be listed as action items to be solved outside the regular meetings.
8. Chaperones for post activities are permitted, although not encouraged, to bring their immediate families to activities.
9. The post should officially thank (by letter, certificate, or otherwise) each person or group who lectures, advises, or assists in any post activity.

Approved by Goddard Explorer Club

April 20, 1979

The word "Exploring" is written in a large, bold, italicized sans-serif font. A registered trademark symbol (®) is located at the end of the word. A thick, dark horizontal line is positioned directly beneath the word.



EXPLORER POST 1275

APPENDIX D
SURVIVAL KIT

APPENDIX D

SURVIVAL KIT

Preface to Appendix D

The Explorer Post operations by the Explorers and adult leaders are governed by the post's bylaws, rules and policies. These items are issued to each new Explorer when he/she joins and reissued to all Explorers yearly in the form of a Survival Kit. This appendix contains all of the referenced items.

The items in this appendix were developed by the youth officers and post members with guidance from the adult advisors. They are written in their terms.



INTRODUCTION

Welcome to Goddard Space Flight Center's Explorer Post 1275. We hope that the time you spend with us will be a rewarding venture.

The purpose of our post is to explore various areas of science and technology. We do this by giving you hands-on experience with computers, electronic equipment, etc. The facilities that we use and most of our materials are provided by NASA.

The full post meets twice a month, and more often among the special interest groups, so that the members can be informed as to what's going on in our many groups. At the full post meetings, the four officers run the meeting.

The post officers are elected near the end of each post year (which is September to August) and serve for one year. Any post member is eligible to run for office.

The schedule of activities for the post is made, at the end of the post year, by the old and the new officers from ideas gathered from all of the post members. The schedule will be for the entire year, and may be changed at any time, if the needs and wants of the post members indicate that a change is necessary.

Any post activities, and/or large expenditures of post funds will be voted on by the post.

The advisors are present to advise the post, but must be consulted in relation to any large matter so that they may check on the practicability and the legality of the proposed project. They shall not run the post for us.

Post 1275 is here for your use, and it cannot function unless you contribute to it.



RULES OF ORDER

These rules must be followed at all times when you are on the NASA facility. There are no exceptions.

1. Due to the current security requirements, all members must be U.S. citizens.
2. No one may park their car in any of the reserved parking spaces. If the space that you have chosen has one of those little signs on it, then move your car. The security guards don't appreciate it when we use the private spots.
3. No one may wander out of the area that they are supposed to be in unless they get permission from an Advisor. This is a government installation. If you are caught out of the assigned area, you may get a federal indictment. This is the "home of the man", so we have to play by his rules.
4. A photo ID is **REQUIRED** to gain access to the Center. **THERE ARE NO EXCEPTIONS TO THIS POLICY. IF YOU DO NOT HAVE A PHOTO ID, YOU WILL BE DENIED ACCESS TO THE CENTER AND SENT HOME.** If you do not currently have a photo ID and need to know how to get one, ask one of the Advisors for help.
5. You must wear your official badge and carry your photo ID at all times. If you are caught without your badge and photo ID, you can be found guilty of trespassing on a federal installation. Also, you must wear your own badge. There will be no "swapping", etc.
6. If you are driving or bringing your car on the Center, a current driver's license is required. You will not be able to drive or bring your car on the Center without it.
7. Vehicles may be searched at the discretion of the Center. If you do not want your vehicle searched, then do not bring it. There isn't a place to leave vehicles at the gatehouse.
8. There are often many interesting things laying around in the halls, and in the labs that we use. These things often range from electronic equipment to raw acid. Do not touch any item unless you have permission. Most of these things are delicate and/or dangerous. We don't want any "accidents" to happen.

If these rules are followed at all times, then there should never be any trouble with "Uncle Sam". If you know of someone who is disobeying any of these rules, please notify one of the officers or an Advisor immediately.

ACTIVITY/TECHNICAL GROUP POLICIES

Only one post activity may be scheduled for a particular date and time. In order to avoid conflicts, all activities—post and technical group meetings—must be cleared with the post secretary as to date and time.

On certain activities, it is suggested that Explorers wishing to attend sign-up in advance to make arrangements for transportation and reservations easier.

All deadlines for money or for signing-up for an activity will be published in the newsletter prior to the deadline.

A deadline is a deadline. Absolutely no money will be accepted after the deadline.

When possible, arrange activities so that the cost is paid in one lump sum instead of a deposit/rest of payment system. Exceptions to this policy may be made for very expensive activities (such as the superactivity).

When money is paid beforehand for an activity, but the payer later finds he/she can't attend, the following refund policy will be followed: If some or all of the money can be refunded, it will be. If there are not enough funds left after the activity, no refund will be made. For the superactivity, everything is refunded except the deposit. If there is enough left over, the deposit will also be refunded. If another Explorer can fill your spot, he/she pays you and you take no loss. For council, regional, and national events, money cannot be returned.

The treasurer will not accept monies at a technical group meeting. All registrations (for new members or re-registration for old members), activity fees, etc., will only be handled during regularly scheduled post meetings. In order to permit the treasurer to participate in technical group activities, it is suggested that he/she leave the treasurer's records at home during technical group meetings. If the treasurer is unable to attend a post meeting, he/she should arrange with one of the other post officers to handle the treasurer's duties during that meeting.

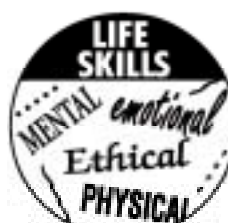
The profits from fundraising activities will be disbursed as follows: 20 percent of profit goes to general fund of the post. The remaining 80 percent is divided among those Explorers and Advisors who have worked on the fundraising activity. These monies are credited to personal accounts kept in the post treasury. These personal accounts may only be used for Exploring activities. When an individual leaves the post, the remaining balance in his/her personal account becomes the property of the post and is transferred to the post general account.

Adult chaperones (age 21 or older) must participate in all post activities. For overnight activities on which both male and female Explorers are attending, both male and female advisors must accompany and be housed with the post members in accordance with the current policies of Learning for Life and the Boy Scouts of America. If adult chaperones are not available, the activity will be cancelled. Activity committees are strongly urged to find chaperones for the activity. This approach will ensure that there are chaperones for the activity and that the post committee resources are not overtaxed.

Transportation for all activities must be provided by adult drivers, age 21 or older. Explorers, age 18 or older, may drive on activities as long as an adult rides in the same vehicle, and the Advisor in charge of the trip agrees.

Permission slips may be required for some activities as determined by the Advisor. If a permission slip is required, you must have one that is signed by your parent or guardian to participate in the activity.

All Explorers and Advisors must fill out a Personal Health and Medical Record form to participate in the post's activities. This information is kept on file in case of a medical emergency during an activity. Medical information is not used or distributed for any other purpose. This information will always be provided to the Advisor in charge of the activity and, in the event of illness or injury during an activity, qualified medical personnel.



OFFICERS' DUTIES

All officers are elected. The main duties of each officer are:

PRESIDENT

- Serves as chief executive officer of the post
- Presides at regular and special meetings of the post
- Presides at officers' meetings
- Appoints activity committee chairman
- Appoints special and standing committee chairmen
- Represents the post at local, council, regional, and national Exploring meetings and conferences
- Assists Advisor in conducting officers' seminar
- Presents annual report to the Goddard Explorer Club
- Attends all post meetings and activities
- Has fun

VICE PRESIDENT

- Serves as chief administration and program officer
- Assumes the duties of the president in his/her absence
- Directs recruiting, admission, and recognition of members
- Attends all post and officer meetings and all post activities
- Collects and maintains PCI forms and member program suggestions
- Participates in Explorer program planning conferences
- Has fun

SECRETARY

- Serves as chief communications officer
- Maintains post master calendar and informs members of any changes
- Maintains post membership records
- Handles post correspondence
- Records minutes of all meetings
- Coordinates publicity through the newsletter, media, etc.
- Maintains the post activity file
- Attends all meetings and activities
- Has fun

TREASURER

- Serves as chief financial officer of the post
- Maintains financial records and monitors post budget
- Banks all money and pays the bills
- Collects and records the dues
- Maintains a petty cash fund
- Gives financial reports and requests audits
- Coordinates fund raising projects
- Develops a budget
- Assures that activity chairmen take care of their activity's finances
- Attends all post meetings and activities
- Has fun

If the officers or an officer seems lax in his/her duties, call it to the attention of the other officers. If an officer neglects his/her duties too often, then he/she can be removed from office by the method described in the bylaws.

CHAIRMEN DUTIES

All chairmen are appointed by the officers (consulting with the Advisors). The main duties of each chairman are:

TECHNICAL GROUP CHAIRMAN

- Makes sure that technical group meetings are planned and organized
- Runs technical group meetings
- Represents group at Board of Directors (BOD) meetings
- Informs post of group's plans and activities
- Coordinates use of facilities required with adult Advisor
- Has fun

ACTIVITY CHAIRMAN

- Makes sure activity is planned
- Responsible for running activity
- Fills out Activity Planner for activity
- Attends Board of Directors (BOD) meetings
- Attends activity
- Sees that any money involved is properly handled
- Informs post of activity
- Makes all required arrangements for activity
- Has fun

NEWSLETTER EDITOR

- Supervises the publishing of the newsletter
- Attends all Board of Directors (BOD) meetings
- Is ***not*** responsible for writing articles
- Runs all newsletter meetings
- Ensures that information in the newsletter is complete and accurate
- Responsible for distribution of newsletter
- Assigns articles as necessary
- Collects articles from activity and technical group chairmen and other writers
- Has fun

FUNDRAISING CHAIRMAN

- Supervises post fundraising activities
- Attends Board of Directors (BOD) meetings
- Investigates new fundraising activities
- Keeps fundraising records
- Assists Treasurer with fundraising records as necessary
- Has fun

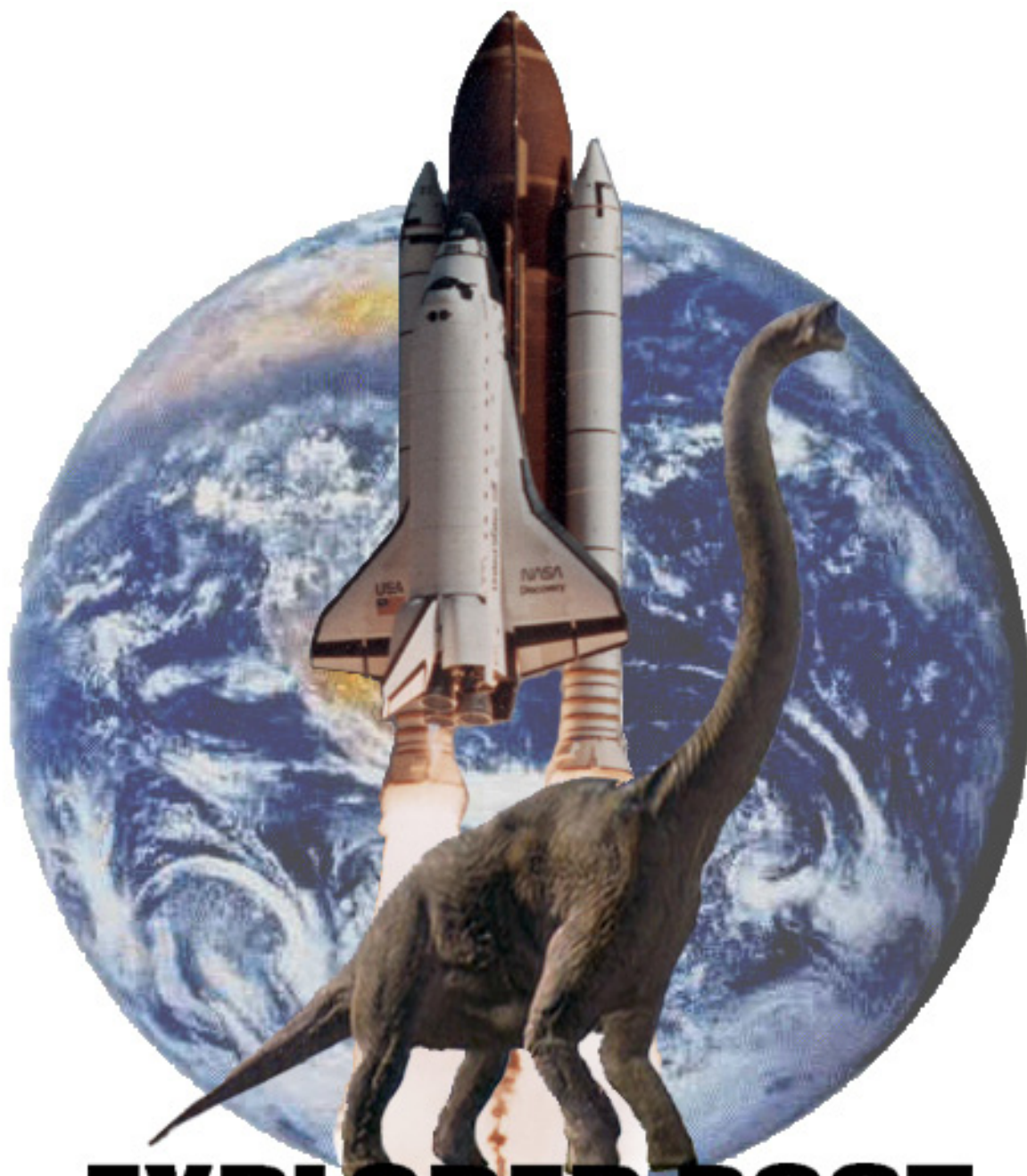
EXPLORER POST 1275 BYLAWS

1. The purpose of this post is to explore different areas of science and technology.
2. This Explorer post shall be known as Post 1275, which is sponsored by the Goddard Explorer Club, at the NASA Goddard Space Flight Center.
3. Membership is open to anyone of age 14 and in the ninth grade, or age 15 through 20.
4. The elected officers shall be a President, Vice President, Secretary, and Treasurer.
5. The term of office shall be from September 1 until August 31.
6. The officers shall be elected at the last meeting in May. Any registered Explorer is eligible, but no one member can serve as an officer more than four years total.
7. No one shall hold the same office for two years in succession.
8. All elections shall be held by secret ballot.
9. A nominating committee shall be appointed by the President. The Vice President shall be the head of this committee with four other members of the post. They will organize the ballot for election. On the night of the election, nominations may be made from the floor by any member. If the nomination is seconded and the candidate agrees to serve, he/she must be included on the ballot.
10. Registration and dues are to be paid in one lump sum at the beginning of the year. People will pay \$25.00 (dues and registration) within 30 days. This \$25.00 fee will be prorated each quarter throughout the post year.
11. There shall be two standing committees which function throughout the year. These committees shall be the Fundraising and Newsletter committees. Both committees shall be headed by committee chairmen appointed by the President.
12. Any officer who is absent from three consecutive meetings without good cause shall have his seat declared vacant if two-thirds of the post members at the next post meeting approve.
13. There will be at least one meeting of all post members each month.
14. Special meetings and changes in date, time, or place of regular meetings shall be approved by the officers, and the Secretary shall notify all members.
15. Changes and amendments to the bylaws must be approved by two-thirds of the members present at two consecutive meetings.

16. All grievances shall be referred to a committee, consisting of the President, Vice President, Advisor, and Post Committee Chairman.
17. Any post member who will be inactive during most of the post year, i.e., anyone who shall be out of town or in college during most of the year, may request to become an honorary member. As an honorary member, he/she shall pay dues at a reduced rate to cover registration and newsletter costs. If an honorary member attends an activity that is wholly or partially paid out of the post's funds, the honorary member must pay his full share of the cost. If an honorary member abuses the privilege of honorary membership, he/she may be referred to the grievance committee outlined in bylaw 16, which may require him/her to become a regular post member or be expelled from the post. Honorary members may not vote in the election of the officers.
18. A member may not join the post for the purpose of only attending activities outside post meetings or for the purpose of only attending technical group meetings, without just cause.
19. The officers shall meet as necessary for the efficient running of the post.
20. Activities of this post shall be paid for by each attending member. Subsidies can be given from the post treasury with the approval of the post committee and the elected youth officers.
21. All funds shall be deposited in a financial institution. All checks must be signed by any two of the following: two authorized adults, the Treasurer, and the President. The treasurer shall maintain a petty cash fund for administrative purposes, all other expenses shall be approved by the post membership.
22. If, for any reason, one of the elected offices becomes vacant, a special election will be held at a regular post meeting within six weeks of the office being declared vacant. The election will be held under the procedure defined in the bylaws. Should the office of Vice President become vacant, the nominating committee will be headed by the President. Should the office of President become vacant, the Vice President will appoint the members of the nominating committee.

Approved September 1, 2004





EXPLORER POST 1275

APPENDIX E
FORMS

APPENDIX E

FORMS

Preface to Appendix E

The forms included here are those that have direct bearing on the legal operations of the Explorer post(s):

- Parents Permission and Medical Waiver Slip
- Local Outing Permit
- National Outing Permit
- Motor Vehicle Checklist
- Money Earning Application
- Insurance Information for Volunteers
- Accident Insurance Policy Document
- Accident Insurance Claim Form
- Personal Health and Medical Record
- Flying Permit Application
- Parent/Guardian Consent Form for Learning for Life Aviation Flights
- Explorer Post 1275 Registration Form
- Youth Participants Roster
- Adult Participants Roster
- Venturer Application (Youth)
- Boy Scouts of America Volunteer Application (Adults)



**Explorer Post 1275
Goddard Explorer Club
NASA Goddard Space Flight Center
Greenbelt, Maryland**



APPROVAL OF PARENTS OR GUARDIANS

(For Explorers and guests under 21 years of age, participating in an Explorer post trip or activity)

First name and middle initial

Last name

Address

Birth date (Month/Day/Year)

City

State

Zip

()

Area code and telephone number (parent's business)

()

Area Code and telephone number (home)

Post trip or activity on Date(s)

Parents please read this statement, before approving application.

I hereby approve and agree to all the terms and conditions of this application and certify to its correctness. Further, I certify that this Explorer can meet the health and physical fitness requirements of this post trip or activity.

Waiver of Claims

In consideration of the benefits to be derived from participation in this post trip or activity, any and all claims against Learning for Life, Explorer Post 1275 and Goddard Explorer Club, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in conjunction with or incidental to the post trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

Photo and Model Release

For value received, I hereby consent to the use of my son's or daughter's name, voice and/or pictures by Explorer Post 1275 and the Goddard Explorer Club, and/or any movie, news, or broadcasting companies or their licensees for broadcasting, direct exhibition, publication, and subsidiary purposes. Such uses will not be made which would constitute a direct endorsement by said participant of any product or service.

Medical Release

In the event of illness or injury occurring to my son or daughter while involved in this post trip or activity, I consent to the release of medical information to qualified medical personnel, as well as X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgement of the attending physician and performed by or under the supervision of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance Company

Personal Physician

Policy Number

()
Telephone Number

(Please sign on reverse side)

Approval

Signature _____ Date _____

Father/Guardian

Signature _____ Date _____

Mother/Guardian

For Use By Notary Public if Required

In an effort to provide better child protection, certain states and foreign countries now require all releases covering minors to be notarized.

Subscribed and sworn to before me on this the _____ day of _____, _____.

My commission expires _____, _____

Signature of notary public _____

LOCAL LEARNING FOR LIFE OUTING PERMIT APPLICATION

FOR TRIPS AND CAMPS UNDER 500 MILES



LOCAL PERMIT NO. _____ DATE ISSUED _____

This application must be approved by your local Learning for Life office in advance of scheduled activity for trips of less than 500 miles. If destination is 500 miles or more one way or outside the United States, use National LFL Outing Permit Application. Be sure to know Wilderness Use Guidelines.

_____ No. _____ Participating organization _____
Group/post

LFL office name _____ hereby applies for a permit and submits plans herewith for a trip for _____ to _____
Date Date

Give itinerary if tour, or destination if camp, including route description for reaching campsite (for long trips include overnight stops):

Type of trip (check one): ☐ One-day ☐ Touring activity ☐ Short-term activity (three days or less) ☐ Long-term activity (three

Is accident insurance in force? ☐ Yes ☐ No Company _____ Policy No. _____

_____ Where swimming or boating is included in the program, Safe Swim Defense and/or Safety Afloat standards are to be followed.

Person in charge: _____ ☐ Safe Swim Defense certification _____
Name

Expiration: _____ and/or Safety Afloat certification _____ Expiration: _____

Or use of adult assistants so qualified: ☐ Safe Swim Defense certification: _____ Expiration: _____
Name

And/or Safety Afloat certification: _____ Expiration: _____

Also, at least one adult must have been trained in LFL Youth Protection if this is an overnight event, and be certified in CPR and AED.

Name _____ CPR Certificate Expiration: _____

Mode of Transportation: ☐ Car ☐ RV ☐ Van ☐ Bus ☐ Boat ☐ Canoe ☐ Train ☐ Truck ☐ Foot ☐ Other _____

(The beds of trucks and camper trucks are approved for equipment only; passengers are allowed only in the cab.)

Tour will include _____ youth and _____ adults. Have parents' approvals been secured? _____

It is the tour leader's and committee member's understanding that all drivers, vehicles, and insurance coverage will meet the requirements of the Learning for Life policy requires two adult leaders on all camping trips and tours. The tour leader in charge must be at least 21 years of age.

[Print or type]

Tour leader's name _____ Age _____ Phone _____

Address _____

Assistant tour leader's name _____ Age _____ Phone _____

Address _____

Signed by member of committee

Signed by tour leader

[Original retained by local Learning for Life office – Copy provided to post/group]



OFFICIAL LOCAL LEARNING FOR LIFE OUTING OR CAMPING PERMIT

GROUP/POST
COPY

(This permit should be in the possession of group leader at all times and displayed when requested by officialized persons.)

Permit issued to _____ (group/post) No. _____ Participating organization _____

Name of tour leader

Age

Address

Name of assistant tour leader

Age

Address

Permit covers all travel between _____ and _____

Dates of trip from _____, 20_____, to _____, 20_____. Total youth _____ Total adults _____

This group has given the local Learning for Life representative every assurance that they will conduct themselves to the best standard of good behavior and observe all rules of health, safety, and sanitation as prescribed by Learning for Life and as stated in the pledge of

Local permit No. _____

Date issued _____

Learning for Life office name and address

Learning for Life office phone No.

Approval stamp

Signed for Learning for Life

Not official unless approval stamp appears here.

INSURANCE

All vehicles MUST be covered by a public liability and property damage liability insurance. The amount of this coverage must meet or exceed the minimum requirement of the state in which the vehicle is licensed. (It is recommended, however, that coverage be at least \$100,000 combined single coverage.) Any vehicle carrying 10 or more passengers must have limits of \$100,000/\$500,000/\$100,000 or \$500,000 combined single coverage. In the case of rented vehicles, the requirement of coverage limits can be met by combining the limits of personal coverage with coverage carried by the owner of the rented vehicle. All vehicles used in travel outside the United States must carry a public liability insurance policy that complies with or exceeds the requirements of that country.

The local Learning for Life representative may allow a list of information (see next page) to be attached to the permit to expedite the process. You must circle the names of the drivers for an event or an activity.

INSURANCE							
KIND, YEAR AND MAKE OF VEHICLE	NUMBER OF PASSENGERS	OWNER'S NAME	DRIVER'S LICENSE NUMBER	WILL EVERYONE WEAR A SEATBELT?	PUBLIC LIABILITY INSURANCE COVERAGE		
					PUBLIC LIABILITY		PROPERTY DAMAGE
					Each Person	Each Accident	
					\$	\$	\$

TRANSPORTATION

1. You will enforce reasonable travel speed in accordance with state and local laws in all motor vehicles.
2. If by motor vehicles.
 - a. Driver Qualifications. All drivers must have a valid driver's license and be at least 18 years of age. When traveling to an area, regional, or national Learning for Life activity or any Explorer event under the leadership of an adult, a member at least 16 years of age may be a driver, subject to the following conditions: (1) six months' driving experience (time in a learner's permit or equivalent is not to be counted); (2) no record of accidents or moving violations; (3) parental permission to be driver, and riders.
 - b. If the vehicle to be used is designed to carry more than 15 persons (including driver), the driver must have a commercial driver's license (CDL).
 Name: _____ CDL expiration date: _____
 - c. Driving time is limited to a maximum of 10 hours and must be interrupted by frequent rest, food, and recreation stops.
 - d. Seat belts are provided for, and must be used by, passengers and driver. Exception: a school or commercial bus, when not required by law.
 - e. Passengers will ride only in the cab if trucks are used.

OUR PLEDGE OF PERFORMANCE

1. We will use Safe Swim Defense in any water activity.
2. We will use trucks only for transporting equipment—no passengers except in the cab. All passenger cars, station wagons, and recreational vehicles will have a seat belt for each passenger.
3. We agree to enforce reasonable travel speed (in accordance with national, state, and local laws) and use only vehicles that are in good condition.
4. We will be certain that fires are attended at all times.
5. We will maintain high standards of personal cleanliness and orderliness and will operate a clean and sanitary vehicle, no dirtier than we found it.
6. We will not litter or bury any trash, garbage, or tin cans. All rubbish that cannot be burned will be placed in a container at the nearest recognized trash disposal, or all the way home if necessary.
7. We will respect the property of others and will not trespass.
8. We will not cut standing trees or shrubs without specific permission from the landowner or manager.
9. We will provide every member of our party an opportunity to attend religious services on the Sabbath.
10. We will observe the courtesy to write thank-you notes to persons who assisted us on our trip.
11. We will, in case of backcountry expedition, read and abide by the Wilderness Use Policy.
12. We will notify, in case of serious trouble, our local Learning for Life office, our parents, or other local contact.
13. If more than one vehicle is used to transport our group, we will establish rendezvous points at the start of each day and drivers will follow the group vehicle in front of them.

NATIONAL LEARNING FOR LIFE OUTING PERMIT APPLICATION

FOR OUTINGS 500 MILES OR MORE AND OUTINGS OUTSIDE THE U.S.A.

Local Council Time Stamp



Regional Time Stamp

A National Learning for Life Outing Permit is required for all groups traveling to areas 500 miles or more one way (from the home camp excepted), or crossing national boundaries into the territory of other nations. This application should be submitted to the Learning for Life office for approval at least one month before your outing. The Learning for Life office will forward it to the regional service center for final approval. For trips and overnight camps less than 500 miles one way, use Learning for Life Local Outing Permit Application.

Learning for Life office name _____ Post/school (circle one) No. _____

Learning for Life office address _____

Purpose of this trip is _____

From (city and state) _____ to _____

Mileage round trip _____ Dates _____ to _____ Total days _____

Is accident insurance in force? _____ Yes _____ No Company _____ Policy No. _____

_____ Where swimming or boating is included in the program, Safe Swim Defense and/or Safety Afloat standards are to be followed.

LEADERSHIP AND PERSONNEL

(Learning for Life policy requires at least two adult leaders on all camping trips and tours. Coed Explorer posts and travel clubs.)

The adult leader in charge of this group must be at least 21 years old and have completed Learning for Life Youth Protection Training.

Name _____ Age _____ Position _____ Expiration date _____

Street or R.F.D. _____

City _____ State _____ Zip code _____

Home phone _____ Business phone _____

List experience and training for this responsibility _____

I have in my possession a copy of First Learning for Life Guidelines and have read it. Adult leader signature _____

Associate adult leader (name(s)) (minimum age 18)

Name _____ Age _____ Position _____ Expiration date _____

Address _____ Phone _____

Name _____ Age _____ Position _____ Expiration date _____

Address _____ Phone _____

Attach a list with additional names and information as outlined above.

Party will consist of (number): Male youth _____ Female youth _____ Male adults _____ Female adults _____ Total in party _____

Party will travel by: Car _____ Bus _____ Train _____ Plane _____ Van _____ Boat _____ Canoe _____ Foot _____ Cycle _____ Other _____

If party will travel with another post that has a male or female (circle one) leader, please list information below. This leader for youth in position _____

Advisor _____ Post No. _____ Council _____

Signature of tour leader _____ Date _____

Signature of committee member _____ Date _____

Send entire application to your local Learning for Life office at least one month prior to the activity.

Signature of LFL representative _____ Date _____

For Regional Use Only: _____ W _____ C _____ S _____ NE

Approved by _____ Date _____



OFFICIAL NATIONAL LEARNING FOR LIFE OUTING PERMIT

GROUP/POST
COPY

(This permit should be in the possession of group leader at all times and displayed when requested by officials and personnel)

Permit issued to _____ (group/post) No. _____ Date issued _____

Name of tour leader: _____

Council address: _____

Permit covers all travel between _____ and _____

Dates of trip from _____, 20_____, to _____, 20_____ Total youth _____ Total adults _____

This permit is granted with the understanding that the group is prepared to meet its own expenses and that no soliciting of funds because of its connection with Learning for Life will be permitted en route.

Any person to whom this permit is presented is advised that proper assurance has been given to approved representatives of participants of this group are qualified campers and are familiar with the standards and objectives of good behavior and will conduct themselves accordingly.

Regional approval: _____

Name _____ Title _____

TRANSPORTATION

1. You will enforce reasonable travel speed in accordance with state and local laws in all motor vehicles.
 2. If traveling by motor vehicles:
 - a. Driver Qualifications: All drivers must have a valid driver's license and be at least 18 years of age. When traveling to an area, regional, or national Learning for Life activity or any Explorer event under the leadership of an adult, a member at least 16 years of age may be a driver, subject to the following conditions: (1) six months' driving experience as a licensed driver (time or equivalent is not to be counted); (2) no record of accidents or moving violations; (3) parental permission has been granted.
 - b. If the vehicle to be used is designed to carry more than 15 persons (including driver), the driver must have a license (CDL) to drive.
- Name: _____ CDL expiration date: _____
- c. Driving time is limited to a maximum of 10 hours and must be interrupted by frequent rest, food, and recreation stops.
 - d. Seat belts are provided for, and must be used by, passengers and driver. Exception: a school or commercial bus, when not required by law.
 - e. Passengers will ride only in the cab if trucks are used.

INSURANCE

All vehicles MUST be covered by a public liability and property damage liability insurance. The amount of this coverage must meet or exceed the minimum requirement of the state in which the vehicle is licensed. (It is recommended, however, that coverage be at least \$100,000 combined single coverage.) Any vehicle carrying 10 or more passengers must have limits of \$100,000/\$500,000/\$100,000 or \$500,000 combined single coverage. In the case of rented vehicles, the requirement of coverage limits can be met by combining the limits of personal coverage with coverage carried by the owner of the rented vehicle. All vehicles used in travel outside the United States must carry a public liability insurance policy that complies with or exceeds the requirements of that country. Attach an additional page if more space is required.

INSURANCE							
KIND, YEAR AND MAKE OF VEHICLE	NUMBER OF PASSENGERS	OWNER'S NAME	DRIVER'S LICENSE NUMBER	WILL EVERYONE WEAR A SEATBELT?	PUBLIC LIABILITY INSURANCE COVERAGE		
					PUBLIC LIABILITY		PROPERTY DAMAGE
					Each Person	Each Accident	
					\$	\$	\$

*All drivers must have a valid driver's license that has not been suspended or revoked for any reason.

HEALTH—SAFETY—AQUATICS—SANITATION—WILDERNESS USE POLICY—YOUTH PROTECTION TRAINING

_____ Where swimming or boating is included in this program, Safe Swim Defense and/or Safety Afloat standards must be met. _____

NAME	AGE	SAFE SWIM DEFENSE	SAFETY AFLOAT	CERTIFICATION

At least one person must be certified in CPR from any recognized community agency for Safety Afloat.

NAME	AGE	CPR CERTIFICATION	AGENCY	EXPIRATION DATE

_____ Our travel equipment will include first aid kit, road emergency kit.

_____ Groups/posts going into the wilderness or backcountry must carry and abide by the Wilderness Use Policy. _____

_____ The group leader will have in his or her possession the appropriate health and medical forms for every adult and youth.

_____ All adults must have completed Learning for Life Youth Protection Training for participation in any national event/activity.

ITINERARY

It is required that the following information be provided for each day of the tour. (Note: Speed or excessive use of the vehicle is the possibility of accidents. Attach an additional page if more space is required.)

DATE	TRAVEL		MILEAGE	OVERNIGHT STOPPING PLACE (Check if reservations are cleared)	PLACES
	From	To			

We hereby verify that we consider the leadership of this tour adequate in every way, that the foregoing statements are correct, and that we will comply with the policies and procedures for tours and expeditions as established by Learning for Life. In the event of any serious injury or fatality occurring during this activity, we will notify Learning for Life immediately.

Motor Vehicle Checklist

Owner's name _____

Address _____

City, state _____ ZIP _____

Driver's license no. _____ Renewal date _____

Telephone (____) _____

Insurance company _____ Amount of liability coverage \$ _____

Other drivers of same vehicle (this trip only) and driver's license numbers:

_____, _____

Make of vehicle _____

Model year _____ Color _____ Auto license no. _____

Basic Safety Check

1. Seat belts for every passenger? _____
2. Tire tread okay? _____ Spare? _____
Jack? _____
3. Brakes okay? _____
4. Windshield wipers operate? _____
Fluid in reservoir? _____
5. Current inspection sticker? _____
6. Headlights and turn signals operating?

7. Rearview mirrors? _____
8. Exhaust system okay? _____

Additional Safety Check

1. Flares for emergencies? _____
2. Fire extinguisher? _____
3. Flashlight? _____
4. Tow chain or rope? _____
5. First-aid kit? _____

10 GUIDELINES TO MONEY-EARNING PROJECTS

The way in which a group/post earns money to carry out its program is of great importance in the education of youth.

Whenever your group/post is planning a money-earning project, this list can serve as your guide. It will be helpful to you as you fill out the application. If your answer is "yes" to all the questions that follow, it is likely that the project conforms to Learning for Life standards and will be approved.

1. Have your group/post committee and participating organization approved your project, including the dates and the methods?

There should be a real need for raising money based on your group's/post's program. We should not engage in special money-earning projects merely because someone has offered us an attractive plan. It's important to remember that individual youth are also expected to earn their own way. The need should be over and above normal budget items covered by dues.

2. Do your plan and corresponding dates avoid competition with money-raising efforts and policies of other group/posts and/or your participating organization?

Check with your institution head to make certain that your organization agrees on the dates and type of fund-raiser.

3. Does your plan comply with local ordinances; is it free from any association with gambling; and is it consistent with the ideals and purposes of Learning for Life?

Money-raising projects that include the sale of raffle tickets are *in violation* of this policy.

This question can be answered only in terms of specific proposals. If there is any question of its suitability, contact your local Learning for Life service center for assistance.

4. If a commercial product is to be sold, will it be sold on its own merits and without reference to the needs of Learning for Life, either directly (during sales presentations) or indirectly?

Teaching youth to become self-reliant and to earn their own way is an important part of training them.

5. If tickets are sold for any function other than a Learning for Life event, will they be sold by your youth as individuals without depending on the goodwill of Learning for Life to make this sale possible?

6. Even when sales are confined to parents and friends, will they get their money's worth from any product they purchase, function they attend, or services they receive from your group/post?

Here again is the principle of value received—a sale standing on its own merit—so that the recipients are not in any way subsidizing either Learning for Life or the participant. Youth must learn to pay their own way and to honestly earn the money to do it. You cannot permit anyone to use the good name of Learning for Life to sell a product.

7. If a project is planned for a particular area, do you respect the right of other Learning for Life groups/posts in the same neighborhood?

It's a courtesy to check with neighboring groups/posts or the local service center to coordinate the time of your project and to see that you aren't covering their territory. Your service team member can help you with this.

8. Is it reasonably certain that people who need work or business will not lose it as a result of your group's/post's plan?

Your group/post should neither sell nor offer services that will damage someone's livelihood. If possible, check with the people who may be affected.

9. Will your plan protect the name and goodwill of Learning for Life and prevent it from being capitalized on by promoters of shows, benefits, or sales campaigns?

Because of Learning for Life's good reputation, customers rarely question the quality or price of a product. Unchecked, the network of Learning for Life groups/posts could become a beehive of commercial interest to the neglect of character building and citizenship training.

10. If any contracts are to be signed by your group/post, will they be signed by an individual without reference to Learning for Life and in no way appear to bind Learning for Life or the participating organization to any agreement of financial responsibility?

Before any person in your group/post signs a contract, he/she must make sure the venture is legitimate and worthy. If a contract is signed, he/she is personally responsible. He/she cannot sign on behalf of Learning for Life nor may he/she bind the participating organization without its written authorization. If you're not sure, check with your local Learning for Life service center for help.

INSURANCE INFORMATION FOR VOLUNTEERS

Comprehensive General Liability Insurance

This coverage provides protection for the council, all Scouting professionals and employees, Scouting units, chartered organizations, and volunteer Scouters (whether or not registered) with respect to claims arising in the performance of their duties in Scouting. Coverage is more than \$15 million for bodily injury and property damage. The insurance provided Scouting volunteers through the Boy Scouts of America General Liability Insurance program is excess over any other insurance the volunteer might have to his or her benefit, usually a homeowners, personal liability, or auto liability policy. There is no coverage for those who commit intentional or criminal acts. By providing insurance coverage to volunteers on an excess basis, the Boy Scouts of America is able to purchase higher limits. Because of the high limits, volunteers should NOT be placed in a position where their assets are jeopardized because of a negligence liability claim or lawsuit.

Automobile Liability Insurance

All vehicles MUST be covered by a liability insurance policy. The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is registered. It is recommended, however, that coverage limits are at least \$50,000/\$100,000/\$50,000. Any vehicle carrying ten (10) or more passengers is required to have limits of \$100,000/\$500,000/\$100,000, or \$500,000 single limit. In the case of rented vehicles the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle. All vehicles used in travel outside the United States must carry a liability insurance policy that complies with or exceeds the requirements of that country. The council's automobile liability insurance is excess of the insurance the owner of the auto carries, providing insurance protection above the limits carried on the auto up to the council's \$15,000,000 limit of coverage. A tour permit or a council short-term camping permit is required when units travel overnight or outside their district. The council should establish more specific guidelines setting forth when a local council tour permit is required. National tour permits are required for all trips more than 500 miles. These permits should list the drivers' names and limits of automobile liability insurance carried.

Council Accident and Sickness Insurance Plan (Mutual of Omaha)

This Accident and Sickness Insurance is provided for Cub Scouts (including Tigers), Boy Scouts, Venturers, LFL participants (coverage may be purchased for all participants or only Explorers) and adult volunteer leaders (including Tiger partners) registered in the council, and covers them for accidents and sickness (as well as accidental death and dismemberment) while participating in any official Scouting activity. This coverage is applied for by the council and is in effect on an annual basis. Additional information on coverage, limits, etc. may be obtained by contacting the council office. The fee is \$1 for all non-multiple youth & leaders. Tigers and Tigers partners also pay the \$1. Tiger Partners serving in another registered volunteer position do not pay more than once.

ALL SERIOUS INCIDENTS, ACCIDENTS AND/OR SICKNESS, OR, IF A SUMMONS IS SERVED ON A VOLUNTEER, PLEASE REPORT TO THE MARRIOTT SCOUT SERVICE CENTER IMMEDIATELY.

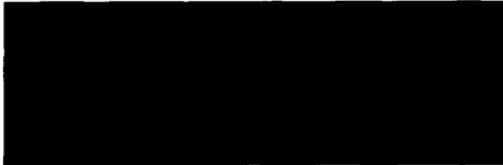
For questions related to insurance please call the Council office at 301-530-9360.



UNITED OF OMAHA LIFE INSURANCE CO.
MUTUAL OF OMAHA PLAZA
OMAHA NE 68175-0001



LEARNING FOR LIFE UNIT ACCIDENT INSURANCE



◀ When filing a claim, be sure to include in the space provided on the claim form, the "MB" number above your name and address

MEMORANDUM OF COVERAGE

Medical Expense Benefit: \$15,000
Nonduplication Amount: \$150
Dental Injury Benefit: \$1,250

Ambulance Service Benefit: \$6,000
Specified Injury Benefit: \$35,000

United of Omaha Life Insurance Company

(called "We," "Us" or "Our")

Hereby certifies that each eligible person who is registered with a participating Learning for Life (Explorer or Non-Explorer) Group or Post and for whom the required premium has been paid (called "you," "your" or "Insured") is insured under Policy Form S27Y (called the policy). Nonscouts, nonscouters and guests who are being encouraged to become registered leaders or scouts are automatically insured while in attendance at a scheduled activity. We agree to pay the benefits described in the policy, subject to its provisions, for injuries received while you are:

- (a) participating in any activity approved and supervised by Learning for Life; or
- (b) traveling to or from any activity approved and supervised by Learning for Life.

EXCEPTIONS AND LIMITATIONS

- (a) the cost of medical or surgical treatment or nursing service rendered by any person employed by Learning for Life;
- (b) any loss caused by suicide or any attempt thereat;
- (c) any loss caused by intentionally self-inflicted injuries;
- (d) eye refractions, replacement of eyeglasses or contact lenses or hearing aids or the fitting thereof;
- (e) loss caused by act of declared or undeclared war;
- (f) dental treatment or dental X-rays, except when required as the result of injuries to sound, natural teeth;
- (g) disease or bacterial infection (except pyogenic infection which shall occur with and through an accidental cut or wound).

DEFINITIONS

"Injuries" means accidental bodily injuries which result, independently of sickness and all other causes, in: (a) loss of life, limb or sight, paraplegia, hemiplegia or quadriplegia; and/or (b) expense incurred for hospital and professional services specified in the policy.

"Hospital" means a place licensed as a hospital (if licensing is required by law), which is operated for the care and treatment of resident inpatients and which has a graduate nurse always on duty, and a laboratory and an operating room (both on the premises) where major surgical operations are performed by persons legally qualified to do so. In no event, however, will the term "hospital" mean a hospital or an institution or part of such hospital or institution which is licensed as or used principally as a clinic, convalescent home, rest home, nursing home or home for the aged, or treatment center for drug addicts or alcoholics.

"Irreversible Coma" means: (a) a state of unconsciousness in which there is a cessation of activity in the central nervous system as demonstrated by an electroencephalogram (using criteria established by the American Electroencephalography Society); and (b) a diagnosis of brain death by the attending Legally Qualified Physician.

BENEFITS FOR HOSPITAL AND PROFESSIONAL SERVICE

When injuries result in treatment by a legally qualified physician or nurse (RN or LPN) beginning within 60 days after the date of the accident, we will pay the expense incurred up to the usual, reasonable charges normally made within the geographical area where treatment is performed for necessary Services and Supplies listed below, but not to exceed the specified limits for each accident.

Services and Supplies

1. Pays the usual, reasonable charges for medical and surgical treatment, prescription drugs, hospital care and service, and the exclusive services of a private duty nurse (RN or LPN), not to exceed the Medical Expense Benefit.

When surgical treatment or hospital care is involved, benefits in excess of the Nonduplication Amount will be payable only for the expenses shown above which are not recoverable under any other insurance policy or service contract.

2. Pays the following benefits, in addition to those shown above:
 - (a) Pays up to the Dental Injury Benefit for treatment and/or replacement of sound, natural teeth. If within the 52-week period following the date of the accident your attending dentist certifies that dental treatment or replacement must be deferred beyond such 52-week period, we will pay the estimated cost of such treatment.
 - (b) Pays up to the Ambulance Service Benefit when, in the judgment of the duly authorized medical authority or the senior representative of the camp or activity, air ambulance service is needed to facilitate treatment of injuries and no other ambulance service is available.
 - (c) Pays up to the Ambulance Service Benefit for surface transportation to a hospital.
3. Pays up to the Specified Injury Benefit for Medically Necessary treatment of the following: (a) loss of sight in both eyes; (b) dismemberment; (c) paralysis; (d) irreversible coma; (e) entire loss of speech; or (f) hearing in both ears.

When expense is incurred as a result of injuries received while participating in any national, regional or local council-sponsored camp or special event, including travel to and from the camp or event, we will pay the benefits only for such expense which is not recoverable under any policy issued to Learning for Life to provide coverage for such camp or event.

Medical expense benefits are not payable for any injuries for which any medical benefits are payable under workers compensation or employer's liability laws.

Benefits are payable only for service or treatment performed and supplies furnished within the 52-week period immediately following the date of the accident.

SPECIFIC LOSS, PARAPLEGIA, HEMIPLEGIA AND QUADRIPEGIA ACCIDENT BENEFITS

When injuries result in loss of life or any of the other specific losses listed below, within 365 days from the date of the accident, we will pay for loss of:

Life	\$10,000	One limb and one eye	\$20,000
Both hands or both arms	20,000	One hand or one arm	5,000
Both feet or both legs	20,000	One foot or one leg	5,000
Both eyes	20,000	Either eye	5,000
One hand and one foot	20,000	Thumb and index finger	2,500

Loss in every case referred to above of hand or hands, or foot or feet, shall mean severance at or above the wrist joint or ankle joint, respectively; and loss of arm or arms, or leg or legs, shall mean severance at or above the elbow joint or knee joint, respectively; the loss of eye or eyes shall mean the total, uncorrectable and irrecoverable loss of the entire sight thereof. Loss of thumb and index finger shall mean severance of at least one entire phalanx from each digit of the same hand.

When injuries result in paraplegia, hemiplegia or quadriplegia commencing within 60 days after the accident and continuing for one year, we will pay benefits as follows:

For paraplegia -- \$10,000

For hemiplegia -- \$10,000

For quadriplegia -- \$20,000

"Paraplegia" means complete loss of function of the lower extremities of the body with involvement of both legs.

"Hemiplegia" means complete loss of function of one side of the body with involvement of the arm and leg.

"Quadriplegia" means complete loss of function of both the upper and lower extremities of the body with involvement of both arms and legs.

Only one of the amounts (the largest applicable thereto) named above will be paid for injuries resulting from one accident, and will be in addition to any other benefits for such accident.

WEEKLY DISABILITY INDEMNITY BENEFITS

All registered adult leaders 21 years of age or older (18 years if an Assistant Scoutmaster, Assistant Den Leader, Assistant Cub Master, or Assistant Webelos Den Leader) are covered for the following:

When covered injuries result in Total Disability beginning within seven (7) days after the date of an accident, we will pay benefits for one day or more during such Total Disability at the rate of \$200 for each full week, not to exceed 52 weeks for any one accident. Benefits begin on the date of the first medical treatment during Total Disability.

(Total Disability means that period of time during which you receive medical treatment, are wholly and continuously disabled and are completely unable to engage in your occupation.)

BENEFICIARY

Indemnity for loss of life and any other accrued indemnities unpaid at your death will be paid as provided in the beneficiary designation made by you. If there is no beneficiary designation or if the designated beneficiary predeceases you, the indemnity will be paid to the first of the following surviving preference beneficiaries: your; (a) spouse; (b) child or children, jointly; (c) parents, jointly, if both are living or the surviving parent if only one survives; (d) brothers and sisters, jointly; (e) estate.

NOTICE AND PROOF OF LOSS

Written notice of a claim must be given to us within 30 days after loss covered by the policy begins or starts. If notice is not given within that time, it must be given as soon as is reasonably possible. You can give the notice or have someone else do it for you. Notice must be given to us at Omaha, Nebraska, or to any of our agents. It must include your name.

You must give us written proof of your loss within 90 days after the date of the loss. If there is no way reasonably possible for you to give such proof, it will not affect your claim. However, you must give us proof of loss as soon as reasonably possible and, except in the absence of legal capacity, no later than one year from the time proof is otherwise required.

EFFECTIVE DATE

The effective date of this Memorandum of Coverage is the date the application and the required premium are received and processed by us or a later date if specifically requested.

INDIVIDUAL EFFECTIVE DATE

Each eligible person will become an Insured under the policy on the Effective Date or upon registration with a participating Learning for Life (Explorer or Non-Explorer) Group or Post, whichever is later. Nonscouts, nonscouters and guests who are being encouraged to become registered leaders or scouts are automatically insured while in attendance at a scheduled activity, including group travel with the scouts to and from such activity.

TERMINATION DATE

This Memorandum of Coverage will terminate on whichever of the following dates occurs first: (a) on the date any premium is due and unpaid; or (b) on the renewal date following termination of the policy.

INDIVIDUAL TERMINATION DATE

The insurance of any Insured will terminate on whichever of the following dates occurs first: (a) the date the Insured is neither a registered member of the participating Learning for Life Group or Post, nor leader or committeeman; or (b) the termination date of the memorandum of the unit.

United of Omaha Life Insurance Company


Corporate Secretary

IMPORTANT

SPECIAL HINTS FOR COMPLETING CLAIM FORM PROPERLY

It is essential to the timely processing of claims that the claim form be completed in its entirety. The following guidelines must be followed to avoid unnecessary delay.

1. Name and address (of Insured Scout) - Use the Scout's full name each time you correspond or send an additional bill, etc. The Insurance Company is not always sure it is the same person if one time the name is submitted as Joseph Smith, another time as Jo Smith, and Bud Smith on still another occasion.
2. MB Number - Show the full correct number as listed on the Memorandum of Coverage. When a claim form does not have this full information, there is delay while it is determined what it should be.
3. Date of Accident - A very important date. When it is missing, the claim cannot be processed.
4. How Injury Occurred - What was the person doing when injured?
5. Signature and Title of Organizational Official - Be sure the title is always listed after your name when signing the form.
6. Medical Information (on the reverse side of the claim form) - This must be completed by the attending physician or there must be a bill which contains the diagnosis.

Should you have any questions regarding claims, please do not hesitate to contact Mutual of Omaha Insurance Company's Claims Special Coverages Department, 1-800-524-2324.



BOY SCOUTS OF AMERICA

1. PLEASE FULLY COMPLETE THIS FORM
2. ATTACH ITEMIZED BILLS WITH DOCTOR'S DIAGNOSIS
3. MAIL TO HEALTH SPECIAL RISK, INC.

HSR

Health Special Risk, Inc.

HSR Plaza
4001 North Josey Lane
Carrollton, TX 75007-1520
866-726-8870
Fax 972-492-4946

To be completed by BSA Leader

Council Name: National Capital Area Council
 Boy Scouts Of America

Address: 9190 Rockville Pike
 Bethesda, Maryland 20814-3897

Telephone Number: 301-530-9360

ACE American Insurance Company

PART 1 - BSA Leader's Statement

Check One ☐ Tiger Cub ☐ Tiger Cub Adult ☐ Varsity Scout ☐ Cub ☐ Scout ☐ Venturer ☐ Leader ☐ Committee
☐ Learning for Life - Explorer ☐ Seasonal Staff ☐ Other _____

Check Policy: ☐ Council ☐ Unit ☐ Campers & Special Events ☐ National Events

Post Number	Team Number	Troop Number	Pack Number
1. Name of Insured (Claimant)		2. Social Security Number	3. Sex F M
5. Address of Insured Street		City	State Zip
6. Parent's name, address and telephone number (include area code)			
7. What date did accident happen or sickness begin?		8. Nature of injury or sickness (indicate part of body injured - such as broken arm, sprained ankle, etc.)	
9. Describe how accident occurred - give details			
FOR DENTAL CLAIMS ONLY	10. Indicate which teeth were involved in the accident	11. Describe condition of injured teeth prior to accident: <input type="checkbox"/> Whole, sound and natural <input type="checkbox"/> Filled <input type="checkbox"/> Capped <input type="checkbox"/> Artificial	
12. Name of event or activity		13. Name and title of supervisor	
14. Signature of policyholder representative X	15. Title	16. Date	

PART 2 - Other Insurance Statement

Do you/spouse/parent have medical/health care coverage through your employer or other source on you? ☐ YES ☐ NO

If Yes, name of insurance company _____ Policy # _____

Is the Claimant enrolled as an individual, employee or dependent member of one of the following:

Preferred Provider Organization (PPO), Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of accident/health/sickness plan? ☐ YES ☐ NO

If Yes, name of insurance company _____ Policy # _____

If your son/daughter has health care coverage as a dependent from your previous marriage as mandated in a divorce decree, please provide the following:

Name of Insurance Company _____ Policy # _____

IF OTHER INSURANCE OR HEALTH CARE PLANS EXIST, PLEASE SUBMIT COPIES OF THEIR EXPLANATION OF BENEFITS ALONG WITH YOUR CLAIM.

IF NO OTHER INSURANCE OR HEALTH PLAN EXISTS, PLEASE READ & SIGN BELOW.

I agree that should it be determined at a later date there is insurance (or similar), to reimburse HEALTH SPECIAL RISK, INC., or the Insurance company to the extent of any amount collectible.

Signature of participant or parent X	Witness	Date
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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Authorization to pay benefits to provider

I authorize medical payments to physician or supplier for services described on any attached statements enclosed.

Signature X _____ DATE _____

Authorization for release of information

I hereby authorize any insurance company, hospital, physician or other person who has attended or examined the claimant to disclose when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Signature X _____ DATE _____

ATTACH ITEMIZED BILLS WITH DOCTOR'S DIAGNOSIS



Personal Health and Medical Record

Part 1 and Part 2

Part 1 (update annually for all participants). Activity: camping, overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

Part 2 (required once every 36 months for all participants under 40 years of age). Activity: Camping or any other activity such as backpacking, tour camping, or recreational sports involving events lasting longer than 72 consecutive hours, with level of activity similar to that at home or school. Medical care is readily available.

Note: Some states require an annual medical evaluation. Your Learning for Life representative can advise you about the requirements for your state.

If your child has had a medical evaluation (physical examination) within the last 36 months, a copy of the results of this examination must be attached to the health history for all participants in a camping experience lasting longer than 72 consecutive hours. If a copy is not available, a physical examination (using the Part 2 section of this form) must be scheduled by a licensed health-care practitioner*. This medical evaluation (physical examination) also is required if your child is currently under medical care, takes a prescribed medication, requires a medically prescribed diet, has had an injury or illness during the past six months that limited activity for a week or more, has ever lost consciousness during physical activity, or has suffered a concussion from a head injury.

*Examinations conducted by licensed health-care practitioners other than physicians will be recognized for Learning for Life purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice. THIS FORM IS NOT TO BE USED BY ADULTS OVER 40.

Part 1 Personal Health and Medical History

(To be filled out annually by all participants)

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify:

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

I give permission for full participation in Learning for Life programs, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date _____ Signature of parent/guardian or adult _____

Some hospitals require the parent/guardian signature to be notarized.

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes ☐ No ☐ Explain: _____

GENERAL INFORMATION:

	Yes	No		Yes	No		Yes	No
ADHD (attention deficit hyperactivity disorder)	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

List any medications to be taken during activity: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations (Give date of last inoculation.):

Tetanus toxoid _____	Measles _____	Polio _____
Diphtheria _____	Mumps _____	_____
Pertussis _____	Rubella _____	_____

Part 2 Medical Evaluation

(Read additional requirements outlined on front of form.)

Name _____ Age _____

NOTE TO LICENSED HEALTH-CARE PRACTITIONERS*: The person being evaluated will be attending one or more weeks of camp that may include sleeping on the ground and participating in strenuous activities such as hiking, boating, and vigorous group games. Please review the health history with the participant for any interim changes. Explain any "abnormal" evaluations.

PHYSICAL EXAMINATION (To be filled out by a licensed health-care practitioner*)

Height _____ Weight _____ BP _____ / _____ Pulse _____

Lab: Urinalysis (dipstick) _____ Albumin _____ Sugar _____

VISION: Normal _____ Glasses _____ Contacts _____

HEARING: Normal _____ Abnormal _____ Explain _____

Check box:	N	Abn		N	Abn		N	Abn
Growth development	<input type="checkbox"/>	<input type="checkbox"/>	Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary system	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Neurobehavioral	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Limitations

Activity restrictions _____

Diet restrictions _____

Signature (Licensed health-care practitioner*) _____ Date _____

Address _____ Phone _____

City, State, Zip _____

Examinations conducted by licensed health-care practitioners other than physicians will be recognized for Learning for Life purposes where such practitioners may perform physical examinations within their legally prescribed scope of practice.

INTERVAL	SCREENING EXAMINATION	
<p>Date, time, place, etc.</p>	<p>(Findings, diagnoses, treatment, instructions, disposition, etc.)</p>	<p>By</p>

PHOTOCOPYING THIS FORM IS PERMITTED.

Learning for Life
FLYING PERMIT APPLICATION

Local Permit No. _____ Date Issued _____

This application must be filed with Learning for Life representative two (2) weeks in advance of scheduled activity for proper clearance.

Post No. _____ Town _____ District _____

_____ hereby applies for a permit and submits plans herewith for an aircraft

_____ flight on _____
Type of aircraft Date Year

Give airport name and location flight will originate and terminate: _____

Flight will include _____ youth and _____ adults.

Have parent or guardian consent forms been secured and attached to application? ☐ Yes

Have pilot documents, as required on the reverse side of this application, been attached to application? ☐ Yes

Leader and unit committee participant state that requirements and insurance coverages will meet the national requirements as listed on the reverse side of this application.

Leader's name _____ Age _____ Phone _____

Address _____

Signed by participant of unit committee

Signed by leader

RETAIN IN LEARNING FOR LIFE OFFICE

COMPLETE AND RETURN TO POST

**OFFICIAL FLYING PERMIT
LEARNING FOR LIFE**

Permit issued to _____ Post No. _____

Town _____

Name of leader

Age

Address

Local permit No. _____

Date issued _____

Approval Stamp

Date of flight _____ Airport location _____ Total youth _____

Total adults _____ Learning for Life office address _____

Signed for Learning for Life

PILOT, AIRCRAFT, AND INSURANCE REQUIREMENTS

Insurance Requirements

Aircraft to be used must have at least \$1,000,000 aircraft liability including passenger liability, with no passenger sublimit.

Insurance Company _____

Policy No. _____ Expiration Date _____

Aircraft

Must have FAA STANDARD Certificate of Airworthiness, other proper documents, and must be current in all FAA-required inspections.

Date of last annual inspection _____

Type of Orientation Flight

_____ Basic orientation flight is within 25 nautical miles of the departure airport with no stops before returning. Pilot must have at least a Private Pilot Certificate and 250 hours total flight time and be current under FAR 61 to carry passengers and have a current medical certificate issued under FAR 61.

_____ Advanced orientation flight is within 50 nautical miles of the departure airport, but the flight may land at other locations before returning to the original airport. Pilot must have at least Private Pilot Certificate and 500 hours total flight time and be current under FAR 61 to carry passengers and have a current medical certificate issued under FAR 61.

(Only Explorers and Explorer leaders may participate in Advanced orientation flights.)

Pilot

Name of pilot _____

Type of certificate _____ (attach copy)

Date of current medical certificate _____ (attach copy)

Total flying time _____

Additional Information

*No fee may be charged for the flight other than sharing of normal operating cost such as fuel or aircraft rental.

*Only aircraft with a STANDARD Airworthiness certificate allowed. No SPECIAL Airworthiness certificates accepted.

*IFR rating required for after-dark flying.

FOR ADDITIONAL GUIDANCE, SEE THE LEARNING FOR LIFE FLYING POLICY FOR EXPLORERS.

PARENT/GUARDIAN CONSENT FORM FOR LEARNING FOR LIFE AVIATION FLIGHTS

I certify that I am the parent or legal guardian of the participant listed below, and I give my consent for him/her to participate in flight/flights listed. I understand that participation in aviation activities involves a certain degree of risk that could result in injury or death. I have carefully considered the risk involved and agree to hold Learning for Life, its agents and employees harmless for all personal injury which could result from participation in this flying program.

Date(s) of flight(s) _____

For Aviation Explorer Post Fly-Along Plan **ONLY**, enter dates for period that all flights will be covered. (Cannot exceed 12 months. Example: Sept. 1, 1998, thru Aug. 31, 1999.)

Start date ____/____/____ End date ____/____/____

Name of Participant

Parent/Guardian Signature

Parent/Guardian Signature
(If two parents/guardians, both need to sign.)



YOUTH PARTICIPANTS ROSTER



All Exploring youth participants must be at least 14 and have completed the eighth grade, or are 15 years of age, but not yet 21.
The annual participation fee is \$7.00 per individual listed below.

POST # _____ Participating Organization: _____ Date: _____

Address: _____ City: _____ State: _____

Please Print Legibly

NAME	ADDRESS	CITY	STATE	ZIP	PHONE	E-MAIL	BIRTH DATE	GRADE	GENDER
							/ /		
							/ /		
							/ /		
							/ /		
							/ /		
							/ /		
							/ /		
							/ /		
							/ /		

Advisor's signature: _____ Total Paid Youth Participants: _____



ADULT PARTICIPANTS ROSTER



All Adults must be 21 years of age or older. The annual participation fee is \$7.00 per individual listed below.

POST # _____ Participating Organization: _____ Date: _____

Address: _____ City: _____ State: _____

Please Print Legibly

NAME	ADDRESS	CITY	STATE	ZIP	PHONE	E-MAIL	BIRTH DATE	POSITION	GENDER
							/ /		
							/ /		
							/ /		
							/ /		
							/ /		
							/ /		
							/ /		
							/ /		
							/ /		

Organization Head or Designee: _____ Total Paid Adults Participants: _____

Multiple Adults: _____

EXPLORER APPLICATION

POST NO 1275

EXPIRE DATE

TERM

MONTHS

Check one

☐ New Explorer

☐ Former Boy Scout/Girl Scout

☐ Former Explorer

Please print one letter in each space

First name

Middle initial

Suffix

Social security number

Country

Mailing address

City

State

Zip code

Home phone

Date of birth

Grade

Ethnic background
☐ AA—African American
☐ CA—Caucasian

☐ AI—American Indian
☐ HI—Hispanic/Latino

☐ AS—Asian
☐ OT—Other

School

Male

Female

Parent/Guardian information

Relationship

Middle name

Guardian

Last name

First name

Middle name

Last name

Suffix

Social security number

Country

Address

City

State

Zip code

Home phone

Date of birth

Occupation

Employer

Business phone

Hobbies

Youth e-mail address

Parent e-mail address

I have read the attached information sheet and approve the application.

Signature of Advisor

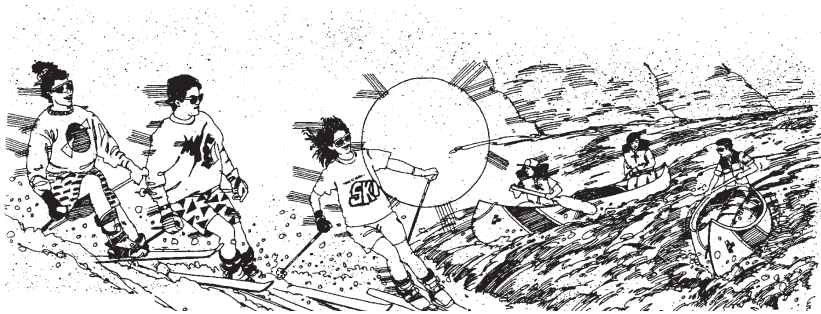
Signature of Explorer

Date

Registration fee \$



VENTURER APPLICATION

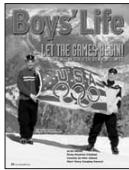


VENTURING® BSA

BOYS' LIFE MAGAZINE

First Issue _____

Last Issue _____



TEMPORARY MEMBERSHIP CERTIFICATE (Good for 60 days)

This is to certify that _____

is a member in Venturing. _____

Advisor/Skipper

Crew/Ship

Date

VENTURING • BSA

I submit my \$10 registration fee for one year. I am at least 14 years of age and have completed the eighth grade or am 15 years of age and not yet 21.

Venturers registered in a crew or ship prior to their 21st birthday may continue as members after their 21st birthday until the crew or ship recharter or until they reach their 22nd birthday, whichever comes first.

Venturing includes challenging physical and mental activities. If you have not recently had a complete medical examination, you are urged to see your family physician. Notify your Advisor/Skipper if you require special medication or if your physician recommends limited activity. Please fill in the Health History on the back of the unit copy of this application.

Boys' Life is the monthly magazine of the Boy Scouts of America. It will help stimulate your interest in good reading. The subscription is only \$10.80 a year (half the new regular rate of \$21.60 a year). Just check the Boys' Life box on the application.

Please calculate and remit the appropriate state and local taxes.

On late registrations it may be necessary to deliver back issues.

Venturing Oath

As a Venturer, I promise to do my duty to God and help strengthen America, to help others, and to seek truth, fairness, and adventure in our world.

Venturing Code

As a Venturer, I believe that America's strength lies in our trust in God and in the courage, strength, and traditions of our people.

I will, therefore, be faithful in my religious duties and will maintain a personal sense of honor in my own life.

I will treasure my American heritage and will do all I can to preserve and enrich it.

I will recognize the dignity and worth of all humanity and will use fair play and goodwill in my daily life.

I will acquire the Venturing attitude that seeks the truth in all things and adventure on the frontiers of our changing world.

I have read the above Venturing Oath and Code and will strive to live up to them.

Signed _____

ADVISOR/SKIPPER: (1) Sign completed form; (2) retain crew/ship copy and forward the other copy to local council service center with proper fees; and (3) sign Membership Certificate and present to member.

BOY SCOUTS OF AMERICA

INFORMATION FOR VENTURERS

(It is important that you share this with your parents.)

Welcome to Venturing, a program of the Boy Scouts of America.

You are joining more than 4 million members of the Boy Scouts of America. Please take the time to review this material and reflect upon its importance.

The BSA and the Chartered Organization

The Boy Scouts of America makes Venturing available to our nation's youth by chartering community organizations to operate Venturing crews. The chartered organization must provide an adequate and safe meeting place and capable adult leadership, and must adhere to the principles and policies of the BSA. The BSA local council provides unit leader training, program ideas, camping facilities, literature, professional guidance for volunteer leaders, and liability insurance protection.

Venturing's Volunteers and You

Venturing's adult volunteers provide leadership at the crew, district, council, and national levels. Many are parents of Venturers, or entered as youth members. Each chartered organization establishes a crew committee, which operates its Venturing crew, selects leadership, and provides support for a quality program. Some crew committees depend on parents for membership and assistance.

The crew committee selects the Venturing Advisor, subject to approval of the head of the chartered organization or chartered organization representative. The crew Advisor must be a good role model because Venturers' values and lives will be influenced by that leader. Your parents need to know your crew Advisor and should be involved in the crew committee's activities so they can evaluate and help direct that influence.

Your parents can help by encouraging perfect attendance, attending meetings for parents, and assisting when called upon by your Advisor.

Program Policies

The Venturing program is flexible, but major departures from BSA methods and policies are not permitted. You and your parents should be aware that:

- Leadership is restricted to qualified adults who subscribe to the Declaration of Religious Principle, the Venturing Oath, and the BSA Standards of Leadership.
- Citizenship activities are encouraged, but partisan political activities are prohibited.
- Military training and drill are prohibited. Marksmanship, military career experiences, and elementary drill for ceremonies are permitted.

- The Boy Scouts of America recognizes the importance of religious faith and duty; it leaves sectarian religious instruction to the member's religious leaders and family. Members who do not belong to a crew's religious chartered organization shall not be required to participate in its religious activities.
- Two registered adult leaders or one registered adult leader and a parent of a participant, who must be 21 years of age or older, are required on all trips and outings. If activities are coeducational, leaders of both sexes must be present.
- Parents and crew leaders must work together to solve discipline problems.
- One-on-one activities between Venturers and adults are not permitted. Personal conferences must be conducted in plain view of others.
- If you suspect that anyone in the crew is a victim of child abuse, immediately contact your council Scout executive, who is responsible for reporting this to the appropriate authorities.
- All Venturing activities are open to parental visitation.

Excerpt from the Declaration of Religious Principle

The Boy Scouts of America maintains that no member can grow into the best kind of citizen without recognizing an obligation to God and, therefore, recognizes the religious element in the training of the member, but it is absolutely nonsectarian in its attitude toward that religious training. Its policy is that the home and the organization or group with

which the member is connected shall give definite attention to religious life. Only persons willing to subscribe to this Declaration of Religious Principle and to the Bylaws of the Boy Scouts of America shall be entitled to certificates of membership.

Policy of Nondiscrimination

Youth membership in the Boy Scouts of America is open to all boys and young adults who meet the joining requirements. Membership in Scouting, advancement, and achievement of leadership in Scouting units are open to all youths without regard to race or ethnic background and are based entirely upon individual merit.

Ethnic Codes. BSA receives inquiries from various agencies regarding racial composition. The following codes should be used to indicate ethnic background.

AA—African American	CA—Caucasian
AI—American Indian	HI—Hispanic/Latino
AS—Asian	OT—Other

Thank You

The Boy Scouts of America appreciates your taking time to become familiar with Venturing. We feel that informed Venturers and parents are strong allies in delivering the Scouting program. Help us keep the crew program in accord with Venturing principles. Alert the crew committee, chartered organization representative, and head of the chartered organization to any major deviations. Please do your fair share to support a quality crew program.

VENTURER APPLICATION

SHIP OR CREW NO. EXPIRE DATE TERM MONTHS

Check one
☐ New Venturer ☐ Former Boy Scout ☐ Former Venturer

☐ If applicant has an unexpired membership certificate, registration may be accomplished in this unit by paying \$1 for processing the transfer. Check the box and attach certificate. It will be returned by the council.
 TRANSFER FROM: COUNCIL NO. UNIT TYPE UNIT NO.

Please print one letter in each space—press hard, you are making a copy.

First name Middle initial Last name Suffix

Country Mailing address City State Zip code

Home phone Date of birth Grade Ethnic background ☐ AA—African American ☐ AI—American Indian ☐ AS—Asian ☐ CA—Caucasian ☐ HI—Hispanic/Latino ☐ OT—Other School Male ☐ Boys' Life ☐ Female ☐

Parent/Guardian information Relationship Guardian

First name Middle name Last name Suffix

Social security number - -

Country Address City State Zip code

Home phone Date of birth Occupation Employer

Business phone Previous Scouting experience

Youth e-mail address Parent e-mail address

I have read the attached information sheet and approve the application. ☐

Signature of Advisor/Skipper Signature of Venturer Date

Registration fee \$. Boys' Life fee \$.

28-303H

LOCAL COUNCIL COPY

Retain on file for three years.

Class 1 Personal Health History (Update annually, using form No. 34414.)

PLEASE DETACH BEFORE COMPLETING.

Identification: To be filled out by parent or guardian. Please print in ink.

Name Date of birth Age

Name of parent or guardian Telephone

Home address City State Zip code

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

Allergies: Food, medicines, insects, plants Yes ☐ No ☐ Explain:

General Information:		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
ADHD (Attention Deficit Hyperactivity Disorder)	<input type="checkbox"/> <input type="checkbox"/>	Asthma	<input type="checkbox"/> <input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/> <input type="checkbox"/>	Heart trouble	<input type="checkbox"/> <input type="checkbox"/>	High blood pressure	<input type="checkbox"/> <input type="checkbox"/>	Kidney disease	<input type="checkbox"/> <input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/> <input type="checkbox"/>	Diabetes	<input type="checkbox"/> <input type="checkbox"/>	Hemophilia	<input type="checkbox"/> <input type="checkbox"/>						

List any medications to be taken at camp:

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games:

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.:

Immunizations (give date of last inoculation):

Tetanus toxoid Pertussis Mumps Polio

Diphtheria Measles Rubella

Name of personal physician Telephone

Personal health/accident insurance carrier Policy No.

Parent Authorization:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature Date

Parent or guardian

BOY SCOUTS OF AMERICA

Be a Volunteer Leader

In a Cub Scout pack, Boy Scout troop, Varsity Scout team, Venturing crew, or Sea Scout ship—or in any position in a district or council—your leadership is a service to your community and helps youth become better citizens.

Quality leadership is important in the training of youth as members of the Boy Scouts of America. This application helps select the best individuals for leadership roles. Thank you for completing all items in this application. See instructions on inside cover.

BY SUBMITTING THIS APPLICATION YOU ARE AUTHORIZING A CRIMINAL BACKGROUND CHECK OF YOURSELF. THIS CHECK WILL BE MADE FROM PUBLIC RECORD SOURCES. YOU WILL HAVE AN OPPORTUNITY TO REVIEW AND CHALLENGE ANY ADVERSE INFORMATION DISCLOSED BY THE CHECK.

**THANK YOU FOR GIVING YOUR LEADERSHIP TO
THE YOUTH OF AMERICA.**



The mission of the Boy Scouts of America is to prepare young people to make ethical and moral choices over their lifetimes by instilling in them the values of the Scout Oath and Law.

Scout Oath

On my honor I will do my best
To do my duty to God and my country
and to obey the Scout Law;
To help other people at all times;
To keep myself physically strong,
mentally awake, and morally straight.

Scout Law

A Scout is:

Trustworthy	Obedient
Loyal	Cheerful
Helpful	Thrifty
Friendly	Brave
Courteous	Clean
Kind	Reverent

Purpose of the Boy Scouts of America

The purpose of the Boy Scouts of America is to promote, through cooperation with other agencies, the ability of youth to do things for themselves and others, and to teach youth patriotism, courage, self-reliance, and kindred virtues. In achieving this purpose, emphasis is placed upon the Boy Scouts of America's educational program and its oaths, promises, and codes for character development, citizenship training, and mental and physical fitness.

Excerpt From the Declaration of Religious Principle

The Boy Scouts of America maintains that no member can grow into the best kind of citizen without recognizing an obligation to God and, therefore, recognizes the religious element in the training of the member, but is absolutely nonsectarian in its attitude

toward that religious training. The Boy Scouts of America's policy is that the home and the organization or group with which the member is connected shall give definite attention to religious life.

Only persons willing to subscribe to the Declaration of Religious Principle and to the Bylaws of the Boy Scouts of America shall be entitled to certificates of leadership.

Leadership Requirements

The applicant must possess the moral, educational, and emotional qualities that the Boy Scouts of America deems necessary to afford positive leadership to youth. The applicant must also be the correct age, and subscribe to the Declaration of Religious Principle, and abide by the Scout Oath or Promise, and the Scout Law.

APPROVALS REQUIRED—UNIT SCOUTERS

Unit committee chairman approves all adult personnel except the chartered organization representative and committee chairman.

Chartered organization head or chartered organization representative. The chartered organization representative is approved by the head of the chartered organization. Following approval by the unit committee chairman, all other adult unit

personnel must be approved by the head of the chartered organization or the chartered organization representative.

Scout executive or designee must approve all unit Scouters.

APPROVAL REQUIRED— COUNCIL, DISTRICT, AND DIVISION SCOUTERS

Scout executive or designee must approve all council, district, and division Scouters.

Scouting magazine. This magazine is sent to all registered, paid adult members.

Boys' Life. Registered adults get a special rate of \$10.80 a year for *Boys' Life* (regular rate is \$21.60). For a subscription to a great magazine and up-to-date information on boys and Scouting, just attach \$10.80 and check the *Boys' Life* box. Please calculate and remit the appropriate state and local taxes. On late registrations it may be necessary to deliver back issues.

Qualification. Adults who are not citizens of the United States but who reside within the country may register with the Boy Scouts of America in any capacity if they agree to abide by the Scout Oath or Promise and the Scout Law, to respect and obey the laws of the United States of America, and to subscribe to the Declaration of Religious Principle. All leaders must be 21 years of age or older, except assistant Scoutmasters, assistant den leaders, assistant Cubmasters, assistant Webelos den leaders, and assistant Varsity Scout coaches, who must be 18 or older. No one may register in more than one position in the same unit, except the chartered organization representative (who can multiple only as the committee chairman (CC) or a committee member (MC)).

I submit my \$10 registration fee for one year, \$2 of which is to cover a subscription to *Scouting* magazine. Short-term fees are pro rata amounts as indicated.

Ethnic codes. BSA receives inquiries from various agencies regarding racial composition. The following codes should be used to indicate ethnic background:

AA—African American

CA—Caucasian

AI—American Indian

HI—Hispanic/Latino

AS—Asian

OT—Other

FEE CHART			UNIT POSITION CODE	
Months	Registration	Boys' Life		
1	.85	—	CR	Chartered organization representative
2	1.70	1.80	CC	Committee chairman
3	2.55	2.70	MC	Committee member
4	3.40	3.60	SM	Scoutmaster**
5	4.25	4.50	SA	Assistant Scoutmaster**
6	5.10	5.40	NL	Crew Advisor
7	5.95	6.30	NA	Crew associate Advisor
8	6.80	7.20	SK	Skipper
9	7.65	8.10	MT	Mate
10	8.50	9.00	VC	Varsity Scout Coach**
11	9.35	9.90	VA	Assistant Varsity Scout Coach**
12	10.00	10.80	CM	Cubmaster**
			CA	Assistant Cubmaster**
			WL	Webelos den leader**
			WA	Assistant Webelos den leader**
			DL	Den leader**
			DA	Assistant den leader**
			TL	Tiger Cub den leader
			PT	Pack trainer
			42	Merit badge counselor
			88	Lone Cub Scout friend and counselor**
			96	Lone Scout friend and counselor**

**Will receive *Program Helps* as inserts in *Scouting*.

This application is designed to be an information-gathering aid. Answers given by the applicant are to be verified in those instances where a legitimate question arises as to his/her qualifications.

INSTRUCTIONS

Unit Scouters

1. Complete, sign, and give all copies to the committee chairman with the proper fees.
2. After the application has been reviewed and, if necessary, references checked by the unit committee, secure the approvals. The process set forth in the publication *Selecting Quality Leaders*, No. 18-981, must be completed for all positions of Scoutmaster, assistant Scoutmaster, Varsity Coach, and assistant Varsity Coach.

3. The committee chairman keeps the unit copy, gives one copy to the chartered organization, and forwards the remaining copy to the local council service center for approval and processing.

Council, District, and Division Scouters

1. Complete and sign the application.
2. Send the proper fee and all three copies of the application to the local council service center for approval and processing.

BOY SCOUTS OF AMERICA

ADULT APPLICATION

The information obtained in this form is for the internal use of the BSA only.

UNIT SCOUTERS

Check one

- ☐ Pack No. _____
☐ Troop No. _____
☐ Team No. _____
☐ Crew No. _____
☐ Ship No. _____

OR

COUNCIL/DISTRICT/DIVISION SCOUTERS

Council/District/Division position

District name

EXPIRE DATE _____ TERM _____ MONTHS

New leader ☐ Former leader ☐

☐ If applicant has an unexpired membership certificate, registration may be accomplished in this unit by paying \$1 for processing the transfer. Check the box and attach certificate. It will be returned by the council.

TRANSFER FROM: COUNCIL NO. _____ UNIT TYPE _____ UNIT NO. _____

Please print one letter in each space—press hard; you are making two copies.

First name _____ Middle name _____ Last name _____ Suffix _____

Social Security Number (required) _____ Country _____

Mailing address _____ City _____ State _____ Zip code _____

Home phone _____ Business phone _____

Date of birth _____ Ethnic background ☐ AA—African American ☐ AI—American Indian ☐ AS—Asian
☐ CA—Caucasian ☐ HI—Hispanic/Latino ☐ OT—Other Driver's license no. _____ State _____ Expiration _____

Sex _____ Occupation _____ Employer _____ Are you an Eagle Scout? Yes ☐ No ☐ Date earned _____ mm/dd/yyyy

Business address _____ City _____ State _____ Zip code _____

E-mail address _____
Program _____ Position code _____ Position (Description) _____ Boys' Life ☐ Business ☐ Home ☐ Home Page ☐

1. Scouting background.
Position _____ Council _____ Year _____

2. Experience working with youth in other organizations.

3. Previous residences (for last five years).
City _____ State _____

4. Current memberships (religious, community, business, labor, or professional organizations).

5. References. Please list those who are familiar with your character as it relates to working with youth. References will be checked when necessary.

Name _____
Telephone (____) _____
Name _____
Telephone (____) _____
Name _____
Telephone (____) _____

Registration fee \$ _____ Boys' Life fee \$ _____

Retain on file for three years.

6. Additional information. (circle each answer)
- a. Do you use illegal drugs? Yes No
b. Have you ever been convicted of a criminal offense? (If yes, explain below.) Yes No
c. Have you ever been charged with child neglect or abuse? Yes No
d. Has your driver's license ever been suspended or revoked? (If yes, explain below.) Yes No
e. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.) Yes No

I understand that:

- a. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the chartered organization, local council, Boy Scouts of America, and the officers, employees, and volunteers thereof.
- b. In signing this application, I have read the attached information and apply for registration with the Boy Scouts of America. I agree to comply with the Charter and Bylaws, and the Rules and Regulations of the Boy Scouts of America and the local council. I affirm that the information I have given on this form is true and correct.

X

Signature of applicant _____ Date _____

APPROVALS FOR UNIT SCOUTERS

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to BSA procedures and this applicant meets the leadership qualifications of the Boy Scouts of America:

Signature of unit committee chairman _____
Date _____

Signature of chartered organization head or chartered organization representative _____
Date _____

ACCEPTED.

Signature of Scout executive or designee _____
Date _____

APPROVAL FOR COUNCIL, DISTRICT, AND DIVISION SCOUTERS

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to BSA procedures and this applicant meets the leadership qualifications of the Boy Scouts of America:

Signature of Scout executive or designee _____
Date _____

LOCAL COUNCIL COPY

E-43

